Prince Edward Island Health Indicators

Provincial and Regional

- *Health Status*
- *Non-Medical Determinants of Health*
- *Health System Performance*
- *Community and Health System Characteristics*

January 2003

Prince Edward Island

Health and Social Services

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Prince Edward Island
HEALTH INDICATORS
Provincial and Regional

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January 2003

Prince Edward Island
CANADA

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EXECUTIVE SUMMARY

The 2002 PEI Health Indicators (Provincial and Regional) report attempts to describe the complexities of health using a large number of indicators to represent measurable phenomenon. The 39 health indicators are organized in a framework to represent health status, determinants of health, health system performance, and community and health system characteristics. The primary source was the 2001 Canadian Community Health Survey. Indicators are presented graphically to provide the context of time and comparison with Canadian rates, similar to the recently released "PEI Report on Common Health Indicators". Additional sections provide PEI data by age and sex, and by Regional Health Authority.

Overall, the health of Islanders age 12 and over rates as "good". Our health is similar to Canadians, and shows few differences from one Regional Health Authority to another. Our life expectancy has been increasing.. We have successfully maintained a low rate of babies born with low birth weights and a reduction in vaccine preventable diseases.

However, these results have been achieved despite our high smoking, drinking, inactivity and obesity rates. Over the next 25 years, PEI's aging population will result in the proportion of seniors doubling, and the proportion of youth under age 20 decreasing by a third. These all point to future increases in moderate or severe limitations due to health problems, especially problems associated with chronic diseases.

TABLE OF CONTENTS

Executive Summary i

CHAPTER 1 INTRODUCTION 1

1.1 Background
1.2 Health Indicator Framework

CHAPTER 2 METHODOLOGY 3

2.1 Sources
2.2 Comparisons
2.2.1 Confidence Intervals
2.2.2 Age Standardization
2.2.3 Other Data Sources

CHAPTER 3 PROVINCIAL INDICATORS 7

3.1 Health Status
3.2 Non-Medical Determinants of Health
3.3 Health System Performance
3.4 Community and Health System Characteristics

CHAPTER 4 INDICATORS BY AGE AND SEX 21

4.1 Health Status
4.2 Non-Medical Determinants of Health
4.3 Health System Performance
4.4 Community and Health System Characteristics

CHAPTER 5 INDICATORS BY HEALTH REGION 33

5.1 Health Status
5.2 Non-Medical Determinants of Health
5.3 Health System Performance
5.4 Community and Health System Characteristics

CHAPTER 6 HOW HEALTHY ARE ISLANDERS? 43

6.1 Areas with good results
6.2 Areas for improvement
6.3 Areas of similarity
6.4 Summary

REFERENCES 49

APPENDIX: DEFINITIONS & DATA TABLES 49

1 INTRODUCTION

1.1 BACKGROUND

Health is the complete state of physical, mental, social, and emotional well-being and not merely absence of disease. Population health is influenced by various determinants: personal health practices, social, economic and physical environments, human biology, as well as the health system.[1] One method of describing the complexities of health is to use a large number of indicators to represent measurable phenomenon.

Health indicators are:
- relevant to established health goals
- based on standard (comparable) definitions and methods
- broadly available - at the national, provincial, and regional levels

Health indicators can be used to monitor progress in improving and maintaining the health of the population and the functioning of the health system, by providing comparisons over time, and between regions. By keeping in mind that each indicator is only a partial description, we expect the discussion of indicators will lead to a better understanding of health.

1.2 HEALTH INDICATORS FRAMEWORK

Health indicators are organized to represent:
- Health Status
  measures of the overall health of the population
- Non-Medical Determinants of Health
  factors known to affect our health and, in some cases, when and how we use health care
- Health System Performance
  measures of various aspects of the quality of health care; ideally these aspects would include accessibility, acceptability, appropriateness, competence, continuity, effectiveness, efficiency, and safety
- Community and Health System Characteristics
  measures that provide useful contextual information (such as health services received), but are not direct measures of health status or the quality of care

The organizational framework of health indicators was developed by Statistics Canada and the Canadian Institute for Health Information, in collaboration with health administrators, researchers, caregivers, government officials, health advocacy groups and consumers.

CHAPTER 1 | INTRODUCTION

The Health Indicators Framework shown below describes the current indicators within 4 categories and 12 dimensions. The 38 indicators in this report are listed. Other indicators may have been identified as important, but have no data currently available for PEI.

Health Indicators Framework

1. Health Status			
Well-being	**Social Function**	**Health**	**Health Conditions**
○ [illegible]	○ [illegible]	○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible]
2. Non-Medical Determinants of Health			
Health Behaviours	**Living and Working Conditions**	**Personal Resources**	**Environmental Factors**
○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible] ○ [illegible]
3. Health System Performance			
Accessibility	**Appropriateness**	**Effectiveness**	**Efficiency**
○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible]	○ [illegible] ○ [illegible]	○ [illegible]
4. Community and Health System Characteristics			
Resources	**Health System**	**Community**	
○ [illegible]	○ [illegible] ○ [illegible] ○ [illegible] ○ [illegible]	○ [illegible]	

Source: [illegible]

2 METHODOLOGY

This report updates the previously released 2012 Highlights on the Second Report of the Health of Canadians. It uses a cross-sectional design to describe the health of Canadians in the areas of health status, health determinants, and use of health services. The 2013 Report on Common Health Indicators is built on the requirements of the 2011 Performance Indicators Reporting Committee. It updates the comparisons with previous reports and includes additional indicators.

2.1 Data sources

The primary source for this report is the Canadian Community Health Survey (CCHS). The CCHS is a cross-sectional survey conducted by Statistics Canada to provide regular and timely cross-sectional estimates of health determinants, health status and health system utilization. The target population of the CCHS is the household population aged 12 and older, excluding residents of the three territories, full-time members of the Canadian Forces, and residents of institutions. The CCHS collects information related to health status, health care utilization and health determinants for the household population. Starting in 2007, the CCHS sample was redesigned to produce more reliable estimates at the health region level. The CCHS sample design is a complex multi-stage stratified cluster design that varies from province to province. The sample is selected using a multi-stage stratified cluster design. The first stage of sampling consists of stratifying the population of each province into health regions (HRs). Then, one or more HRs are selected from each province. Within each selected HR, dwellings are selected from a list of dwellings in the area. The sample is allocated to the provinces roughly in proportion to the square root of the population size of the provinces, with some additional emphasis on smaller provinces. Within each province, the sample is allocated to the HRs in proportion to the square root of the population size of the HRs, with some additional emphasis on smaller HRs. Finally, dwellings are selected with equal probability within each HR. The CCHS excludes persons living on reserves and other Aboriginal settlements in the provinces, full-time members of the Canadian Forces, and residents of institutions. Together, these exclusions represent approximately 3% of the target population.

The content of the survey includes common content as well as optional content that may be selected from a predefined list of modules. The list content is available on the Statistics Canada website.

The survey first introduced the CCHS was the National Population Health Survey. It began in 1994/95 as a cross-sectional sample of 17,000 dwellings, including 9,000 children. It was continued as a longitudinal survey that follows the same participants over time.

Other sources utilized for the health indicators include:

- Vital Statistics, both the Health Database[1]
- National Hospital Morbidity System[2]
- Canadian Cancer Registry[3]
- FIS Registrations Data Program[4]
- Labour Force Survey[5]
- Programme Statistics Database[6]

- Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey[17]
- Health Promotion Survey[18]
- National Environmental Indicator Series[19]
- Notifiable Diseases Summary[20]
- Health Services Access Survey[21]
- PEI Pap Screening Program[22]
- Hospital Morbidity Database[23]
- National Health Expenditure Database[24]
- PEI Home Care Program[25]
- Demography Statistics[26]

The Appendix provides details on definitions, data tables, and sources for each indicator.

2.2 COMPARISONS

This report presents graphs of the indicators to provide the context of time and comparison with Canadian rates, as found in Chapter 3. Following are additional sections that provide PEI data by age and sex (Chapter 4), and by Regional Health Authority (Chapter 5). The data tables used to generate the graphs are found in the Appendix.

2.2.1 Confidence Intervals

Survey estimates are calculated taking into account sampling weights. These weights are proportional to the inverse probability of being sampled, and adjusted for non-response. Use of the weights provides an unbiased estimate.

The complex survey design of the CCHS also requires taking into account the clustering and stratification of the sample. The design as well as the weighting were incorporated using Statistics Canada's bootstrapping weights. This report used the *svy* commands in Stata (Stata Corporation, College Station, Texas) to provide unbiased estimates and adequately wide confidence intervals that account for the survey design effect.

All survey estimates on graphs are surrounded by the 95% confidence interval (CI). This is the computed interval with 95% probability that the true estimate is contained within the upper and lower boundaries. For clarity, the smaller 95%CI for Canada is included in the appendix, but not shown on the graphs. Overlapping confidence intervals (or similar rates) indicate that random variation is the most likely explanation for the possible differences.

For data that is a census instead of a sample (eg. program data, death registrations, cancer registry, and population counts), the estimate provided has no variation to produce a confidence interval. When comparing these rates, random variation does not account for the differences.

2.2.2 Age Standardization

Age standardization is a procedure for adjusting rates, designed to minimize the affects of differences in age composition when comparing rates for different populations. The direct method was used to average age-specific rates, using as weights the distribution of a standard population. The adjusted rate then represents what the crude rate would have been if that population had the same distribution as the standard population. The standard population used was the 1991 Canadian population with the following distribution:

	Male	Female
<20 years	3,958,084	3,760,070
20-34 years	3,630,877	3,546,602
35-49 years	3,084,328	3,063,638
50-64 years	1,871,438	1,898,622
65 years and over	1,349,765	1,867,449

Since age has an effect on most measures of health (see Chapter 4), the measures compared in Chapters 3 and 5 should be age standardized. However, at this point the only age standardized measures included in this report are:

- 1.4 mortality rates by cause
- 1.9 cancer incidence
- 3.9 preventable hospitalizations

The comparison of the other indicators must be made with the caveat that the rates are influenced by the age distributions of the populations. For example, when examining the rates of self-reported health in PEI and Canada, we should take into account the decrease in self-reported health with age. Since the PEI population is older than the Canadian population, we can expect slightly lower rates of "excellent or very good" self-reported health in PEI compared to Canada.

2.2.3 Other Data Sources

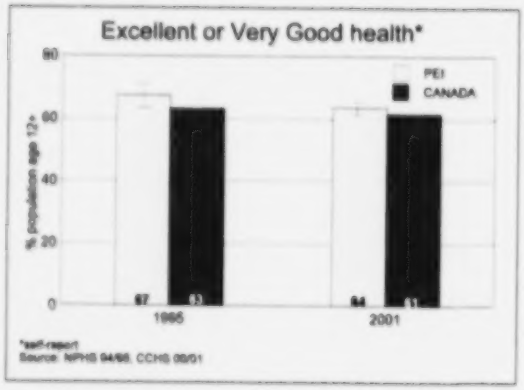
Comparisons with other data sources may result in different numbers for similar concepts, usually as a result of differences in methodology. To minimize problems, comparisons should use the same data source, and look for trends over time. Sometimes several documents using the same data sources will report different numbers. This may be the result of reporting on more current data, the use of different age groups, or the use of sub-samples of the dataset.

3 PROVINCIAL INDICATORS

3.1 HEALTH STATUS

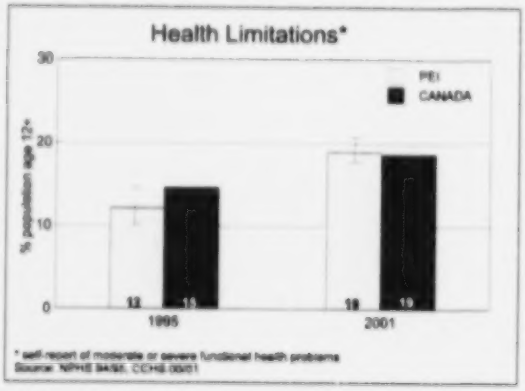
3. 1.1 Self-reported Health

Self-reported health summarizes physical and mental health as experienced by the individual according to personal values. Self-reported health deteriorates with age and low income[22]. PEI and Canada have similar rates that have remained stable, with over 60% describing their health as "excellent" or "very good".



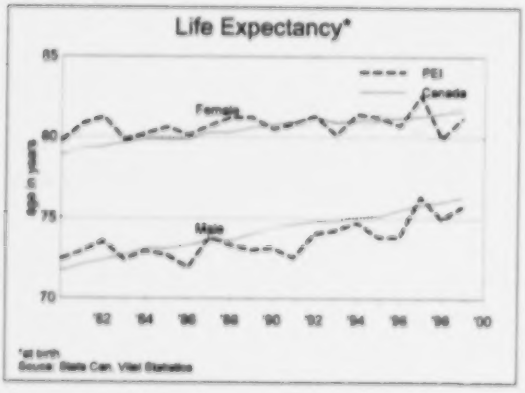
3. 1.2 Functional Health Status

Not everyone is in perfect health. As the population ages, more people are experiencing moderate or severe limitations due to health problems. PEI and Canada have similar rates that are increasing.



3. 1.3 Life Expectancy

Death is the oldest, most widely used, and most reliable health indicator. Life expectancy measures the quantity rather than the quality of life. PEI and Canada have similar life expectancy, that are increasing, with males born in 1999 expected to live to age 76, and women to age 81.



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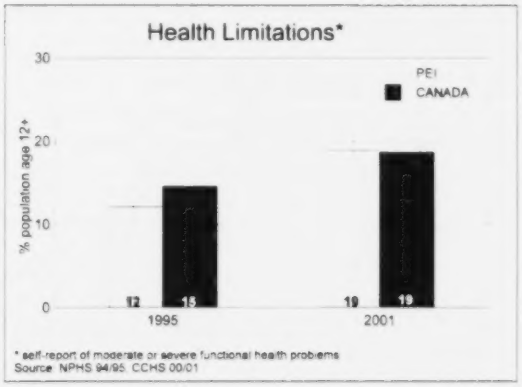

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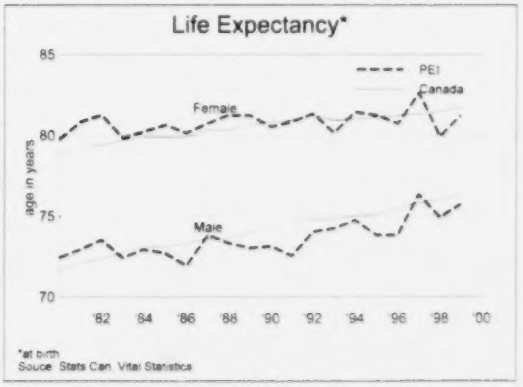
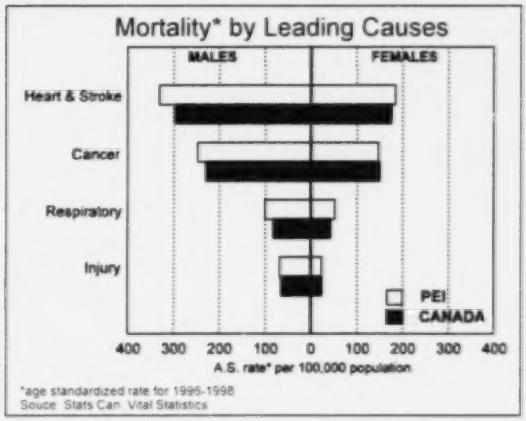


3.1 HEALTH STATUS

3. 1.4 Mortality by Leading Causes

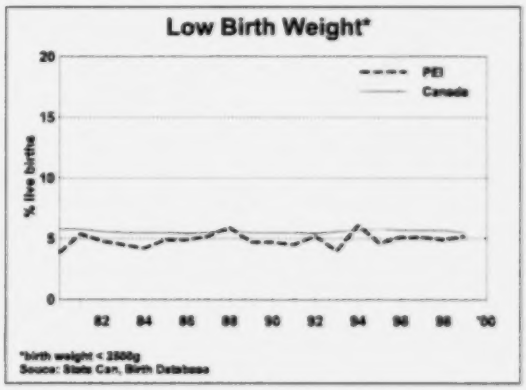
Circulatory disease is the leading cause of death. Over the period 1992 to 1998, in PEI and Canada, deaths due to circulatory disease have been decreasing, although the PEI rate remains higher than Canada's.

Cancers are the leading cause of premature death, closely followed by injury, then circulatory disease[22]. Over the period 1992 to 1998, Canadian cancer mortality rates were decreasing, while PEI rates were stable. PEI deaths due to smoking-related cancers continue to increase[23].



3. 1.5 Low Birth Weight

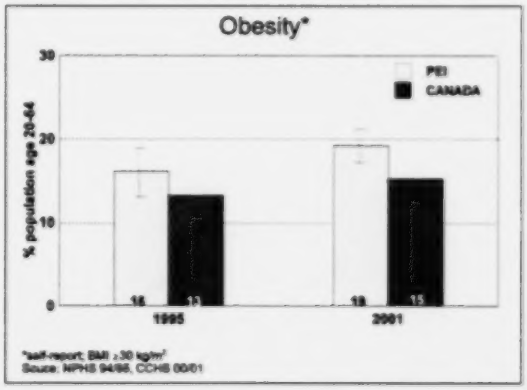
Low birth weight is a key determinant of infant survival, health, and development. Underweight births can result in problems such as cerebral palsy, visual problems, learning disabilities and respiratory problems. Low birth weights are due to premature birth, lack of prenatal nourishment, maternal hypertension, or maternal smoking[22]. PEI's low birth weight rate is stable around 5%, consistently one of the lowest rates in Canada.



3. 1.6 Obesity

Body weight depends on a combination of factors, including genetics, diet, and active living. Obesity is linked to cardiovascular disease, diabetes, and some cancers. Overweight persons are more likely to be male, older, and have less education[22].

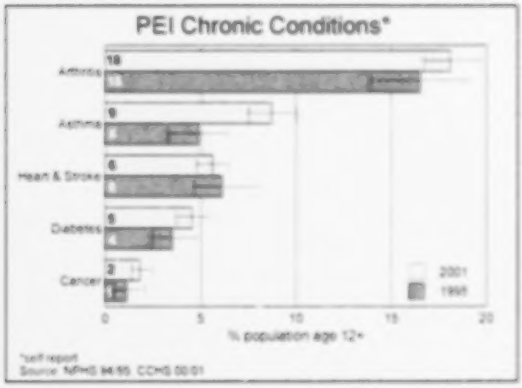
PEI's obesity rate appears to be increasing. This is a public health concern, especially since self report may under-estimate obesity by half[24].



3.1 HEALTH STATUS

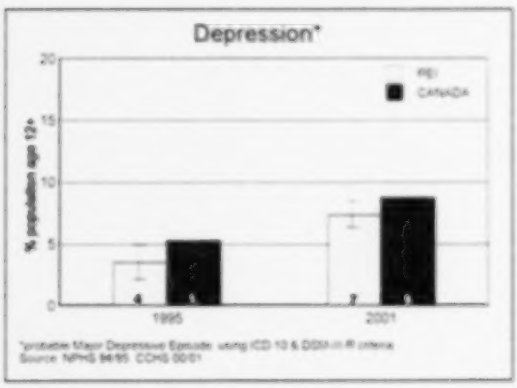
3. 1.7 Chronic Conditions

Chronic conditions are major causes of death, potential years of life lost, hospitalization, and affect quality of life. As the population ages, the prevalence of chronic conditions is increasing. PEI rates are similar to Canadian rates.



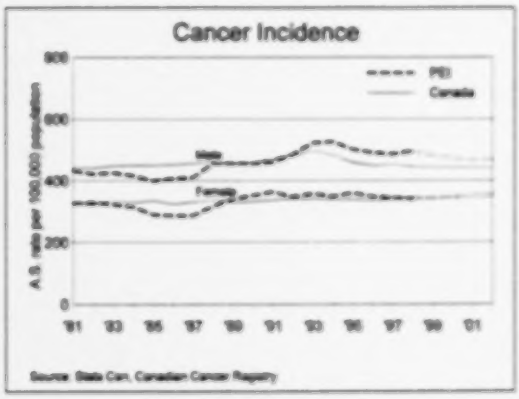
3. 1.8 Depression

Depression causes substantial suffering and is associated with higher hospital use and physician visits. Depression increases with low income[22]. PEI and Canada have similar rates that are increasing.



3.1.9 Cancer Incidence

New cases of cancer are monitored to indicate changes in the risk of developing cancer. The most common cancer sites with new cases are prostate, breast, lung, and colorectal. PEI and Canadian rates are similar, and have remained stable. However, the total number of new cases continues to increase as the population increases and ages[25].



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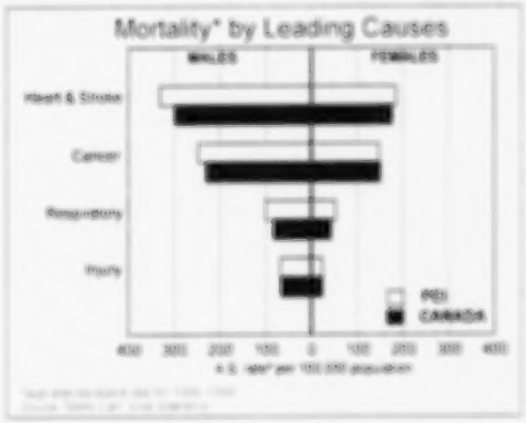

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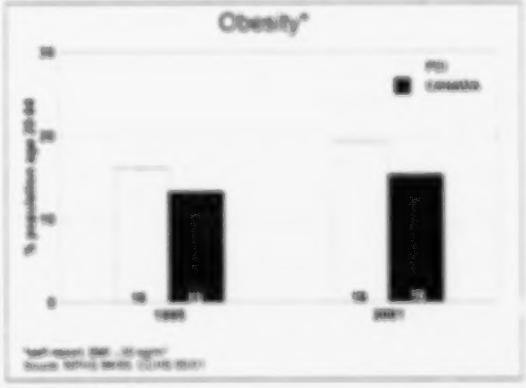

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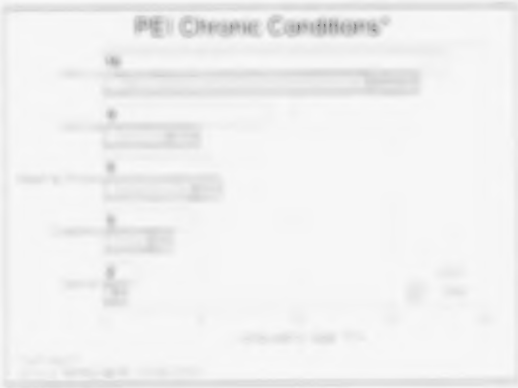

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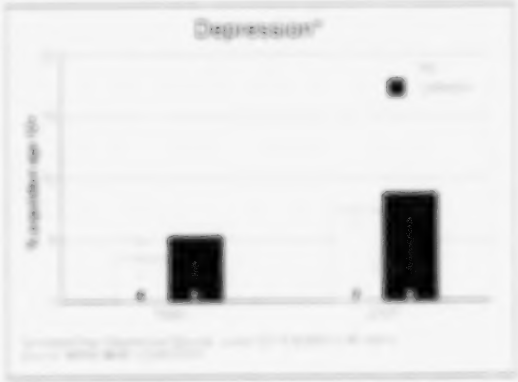

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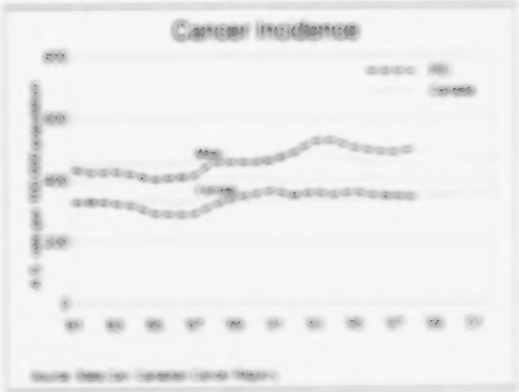
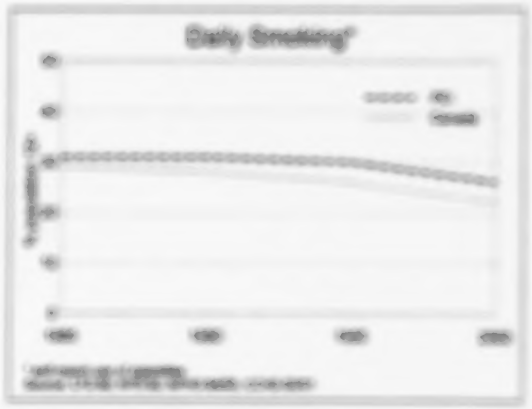


3.2 NON-MEDICAL DETERMINANTS OF HEALTH

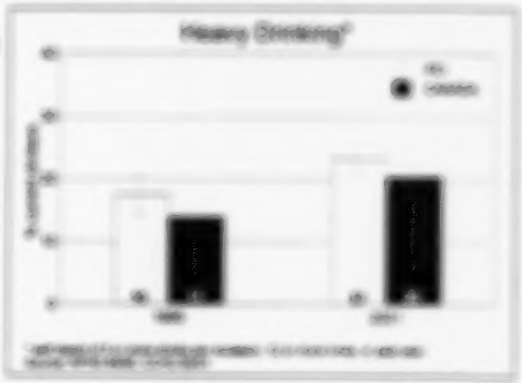
3. 2.1 Smoking

Smoking is the most important preventable cause of death. Health effects include low birth weight, sudden infant death syndrome, asthma, bronchitis, emphysema, lung cancer, stroke, and heart disease. Despite this, PEI smoking rates are consistently higher than Canadian rates. The trend for both PEI and Canada is toward decreasing rates. In PEI, 42% of smokers have tried to quit[7].



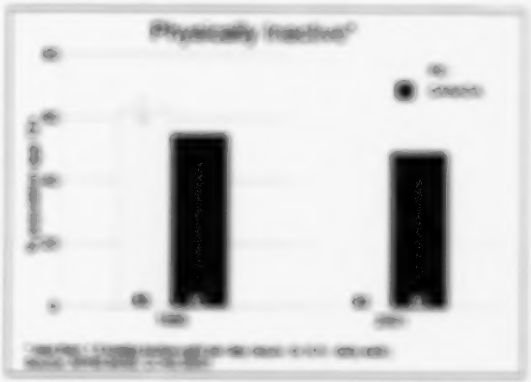
3. 2.2 Drinking

Excessive use of alcohol can lead to health and social problems. Men are more likely than women to report heavy drinking on a regular basis. Heavy drinking is most common among youth (under 25), and decreases with education[7]. PEI's heavy drinking rate is increasing, similar to the Canadian rate.



3. 2.3 Physical Activity

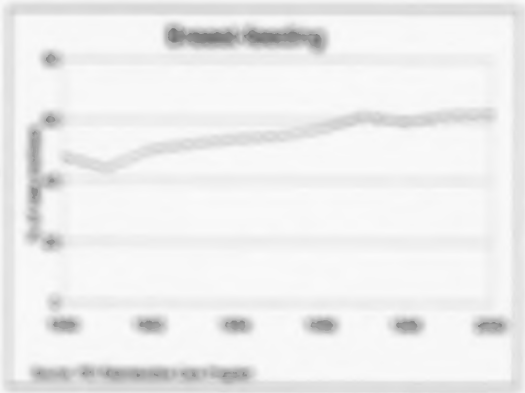
Physical activity reduces the risk of heart disease, diabetes, cancer, osteoporosis, obesity and excess stress. Activity levels increase with education and income and decrease with age[7]. Over 50% of Islanders are inactive, an improvement over the past 6 years. However, the improvement was attributable to persons of normal weight. Low activity levels of obese people remained unchanged[8].



2.2 NON-MEDICAL DETERMINANTS OF HEALTH

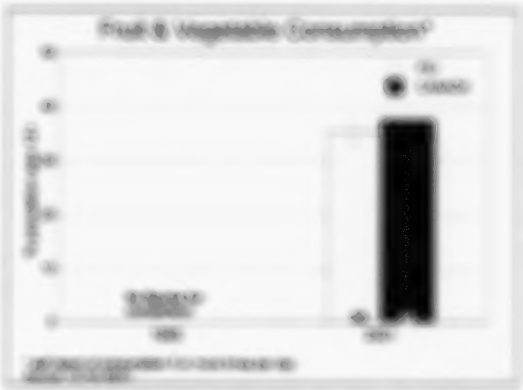
2. 2.4 Breast-feeding

Breast milk is recommended as the only source of nutrients for most infants in the first 3-6 months of life. Breast feeding is most common among mothers over 25, and mothers with higher education[1]. PEI rates are increasing. Comparison with Canada using available self-report data indicates that PEI rates are about 10% lower than Canadian rates (see Appendix).



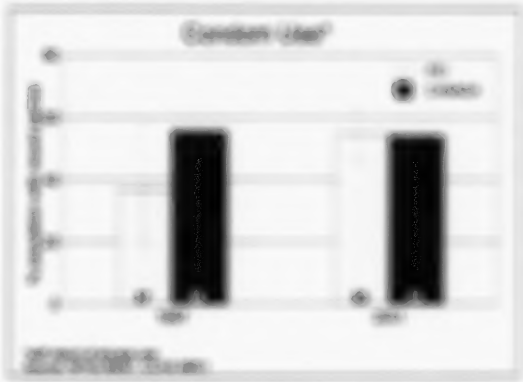
2. 2.5 Diet

Fruits and vegetables are a daily part of a balanced diet[2]. However, only ¼ of Islanders report consumption of the minimal requirements. This is consistent with the results of the PEI Nutrition Survey, which demonstrated that the majority of Islanders consumed inadequate levels of folate, magnesium, and vitamin C – nutrients found in fruits and vegetables[3].



2. 2.6 Condom Use

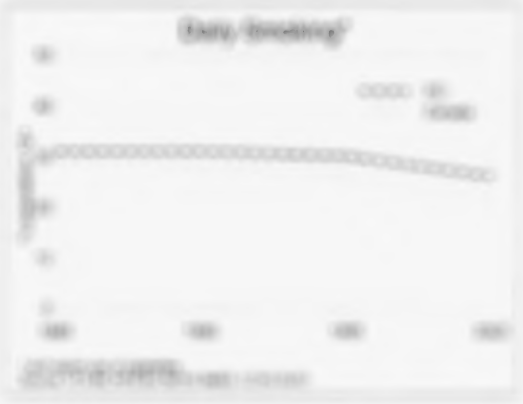
Condoms provide protection against sexually transmitted diseases. PEI and Canada have similar rates, with only half of those sexually active with a recent partner reporting they always use a condom.



5.2 NON-MEDICAL DETERMINANTS OF HEALTH

5.2.1 Smoking

Smoking is the most important preventable cause of death. Health effects include low birth weight, sudden infant death syndrome, asthma, bronchitis, emphysema, lung cancer, stroke, and heart disease. Despite this, PEI smoking rates are consistently higher than Canadian rates. The trend for both PEI and Canada is toward decreasing rates. In PEI, 62% of smokers have tried to quit[1].



5.2.2 Drinking

Excessive use of alcohol can lead to health and social problems. Men are more likely than women to report heavy drinking on a regular basis. Heavy drinking is most common among youth (under 20), and decreases with education[1]. PEI's heavy drinking rate is increasing, similar to the Canadian rate.

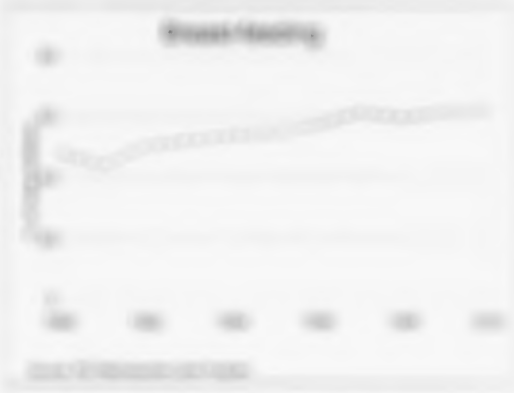
5.2.3 Physical Activity

Physical activity reduces the risk of heart disease, diabetes, cancer, osteoporosis, obesity and excess stress. Activity levels increase with education and income and decrease with age[1]. Over 50% of Islanders are inactive, an improvement over the past 5 years. However, the improvement was attributable to persons of normal weight. Low activity levels of obese people remained unchanged[1].

5.3 Breastfeeding, diet and micronutrients of children

5.3.1 Breastfeeding

Breast milk is recommended as the only source of nutrients for most infants in the first six months of life. Breastfeeding is most common among mothers over 35 and mothers with higher education.[1] HIV rates are increasing. Comparison with previous data is available, but report data indicates that HIV rates are about 17% lower than previous rates have been.



5.3.2 Diet

Fruits and vegetables are a daily part of a balanced diet.[2] However, only 1 of households report consumption of the minimal requirements. This is consistent with the results of the HIV Nutrition Survey, which demonstrated that the majority of households consumed inadequate levels of folate, magnesium, and vitamin C. Additional fruits and vegetables[3]

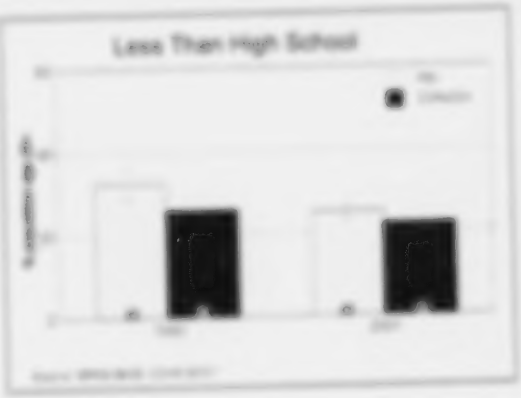
5.3.3 Condom Use

Condoms provide protection against sexually transmitted diseases. HIV and prevalent heterosexual sex, with only half of those sexually active with a recent partner reporting they always use a condom.

3.3 NON-MEDICAL DETERMINANTS OF HEALTH

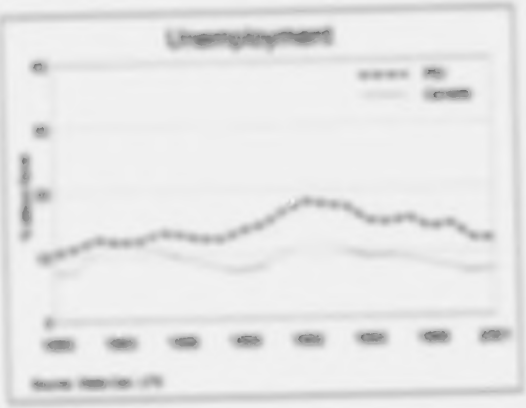
3. 3.7 Education

Literacy and numeracy skills are essential for full participation in today's society. People lacking such skills may end up feeling alienated from society and may suffer from various physical and mental health problems. The level of education decreases with age[27]. PEI's education levels are improving.



3. 3.8 Unemployment

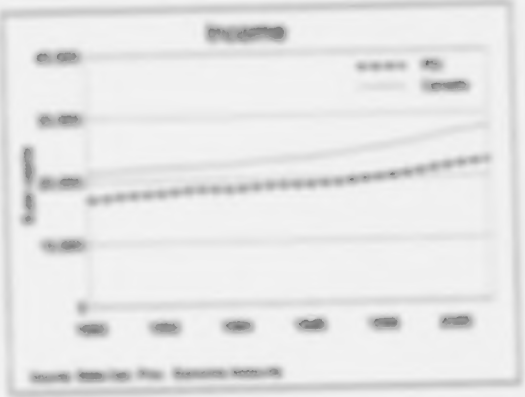
Employment is a measure of the health of a nation's economy. Unemployed people tend to experience more health problems than those who are employed[27]. Between 1992 and 2001, PEI's unemployment rate decreased from 18% to 12%. PEI's unemployment rate is consistently higher than the Canadian rate.



3. 3.9 Income

Higher income is associated with better health. Low income Canadians are more likely to die earlier and to suffer more illness than those with higher incomes, regardless of age, sex, race and place of residence[27]. Income per capita is increasing, although PEI income is consistently lower than Canadian income.

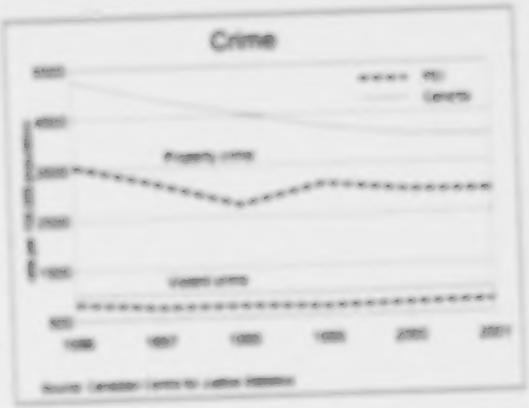
Income distribution may be a more important health determinant than income per capita, since large gaps lead to increased social problems[27].



3.2 NON-MEDICAL DETERMINANTS OF HEALTH

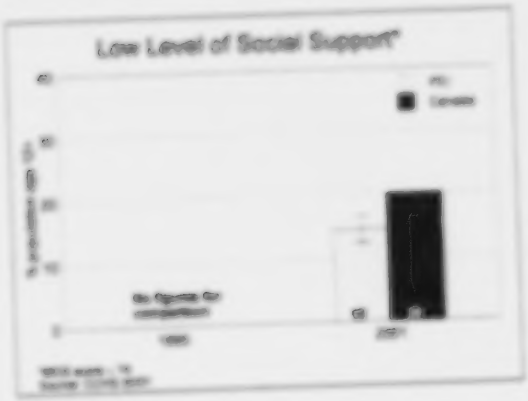
3. 2.10 Crime

Crime rates are one measure of safety. Crime rates have been decreasing since 1996. PEI's crime rates are consistently below the Canadian rates.



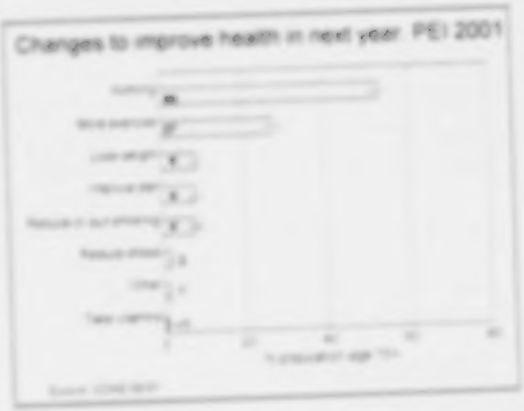
3. 2.11 Social Support

Social support is an important coping mechanism for individuals when problems arise. Low levels of social support can contribute to depression, suicide, a range of physical conditions and even early death[10]. PEI has a higher level of social support than Canada.



3. 2.12 Changes to Improve Health

Intentions to change indicate the readiness to potentially change behaviour. The majority of Islanders are not ready to change, similar to rates in 1990[11]. When Islanders consider improving their health, they are most aware of the need to increase exercise, lose weight, improve their diet, and quit smoking.



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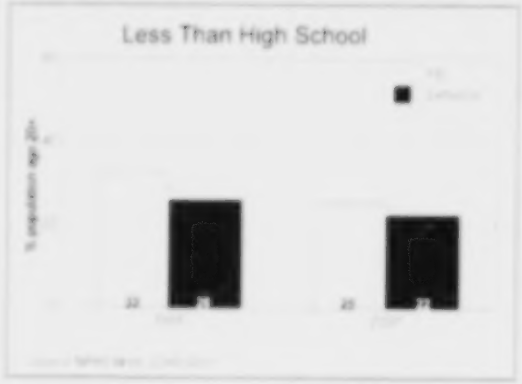

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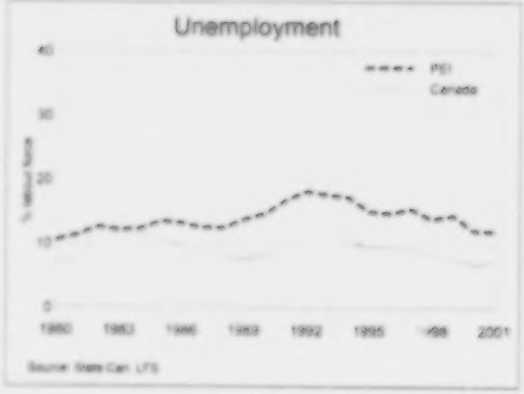

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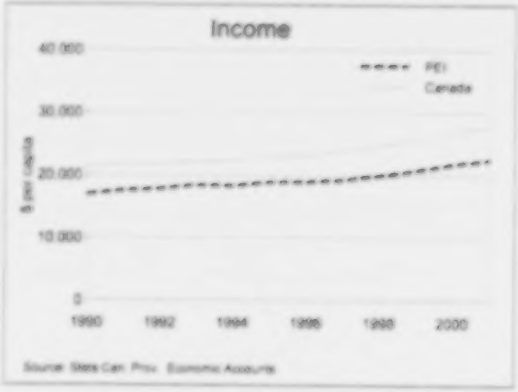

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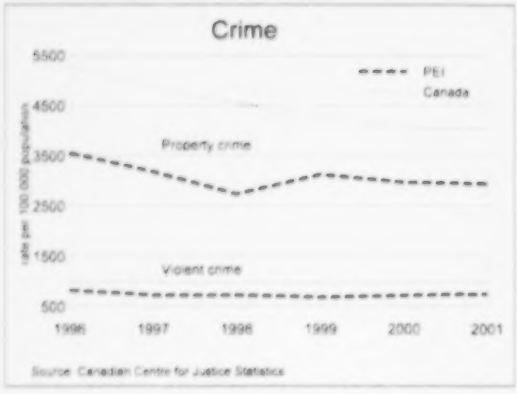

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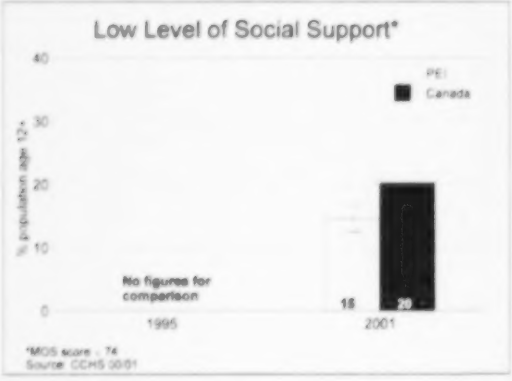

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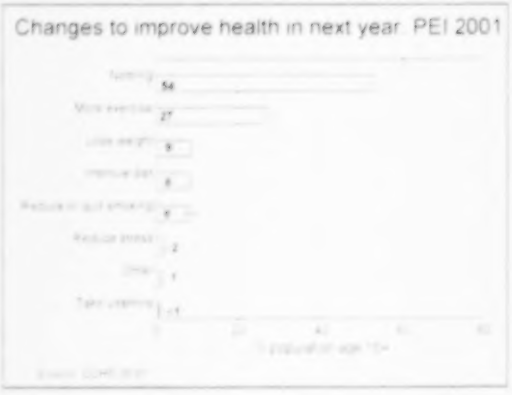
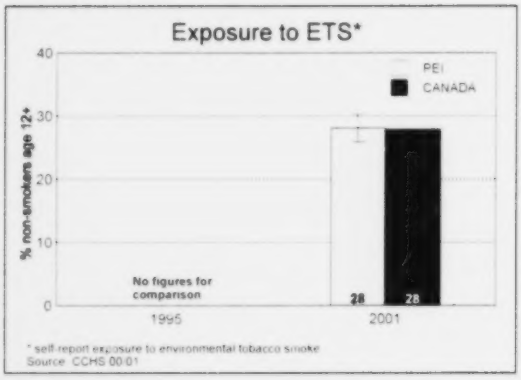


3.2 NON-MEDICAL DETERMINANTS OF HEALTH

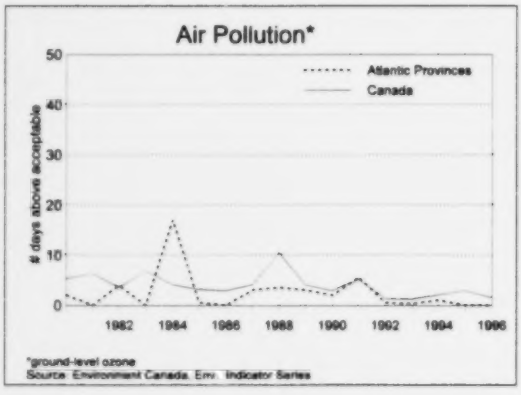
3. 2.13 Exposure to Second-hand Smoke

Exposure to environmental tobacco smoke(ETS) causes lung cancer, heart disease, and respiratory problems. Young children are particularly susceptible. One of the most effective ways to limit exposure to ETS is with restrictions on smoking in public places, and limiting smoking in homes with young children[22]. PEI and Canada report similar exposure rates.



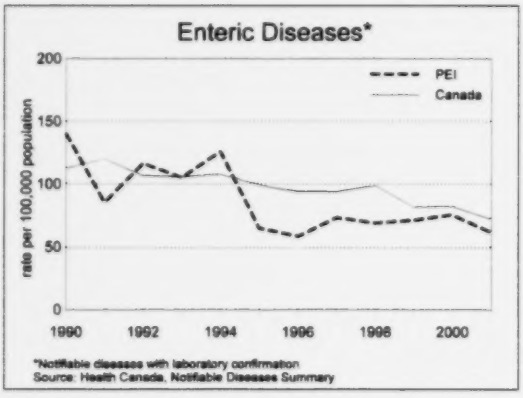
3. 2.14 Air Pollution

Air pollution can have health effects that range from eye and throat irritation to reduced lung capacity, and aggravation of respiratory disease. The most commonly measured air pollutant is ground-level ozone. High ozone levels are most likely in Canada in the Windsor-Quebec City corridor, the Lower Fraser Valley of BC, and the Bay of Fundy[13].



3. 2.15 Food and Waterborne Diseases

Contaminated food, beverages, or water cause enteric diseases that result in diarrhea, vomiting, stomach cramps, kidney failure, or death. Illness can be reduced by good hygiene, correct food storage, and thorough cooking. As few as 1-10% of cases are reported, since only some patients seek medical care or have specimens taken for laboratory tests[29]. PEI and Canada have similar rates that are decreasing.

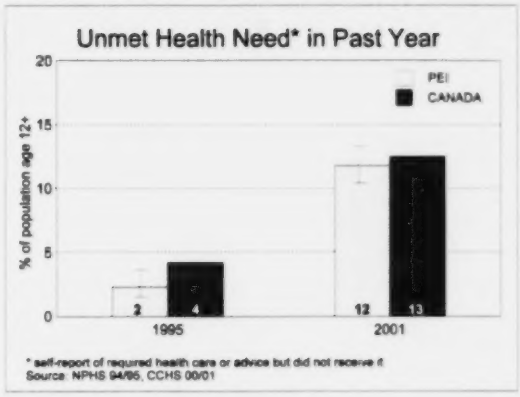


3.3 HEALTH SYSTEM PERFORMANCE

3. 3.1 Unmet Health Needs

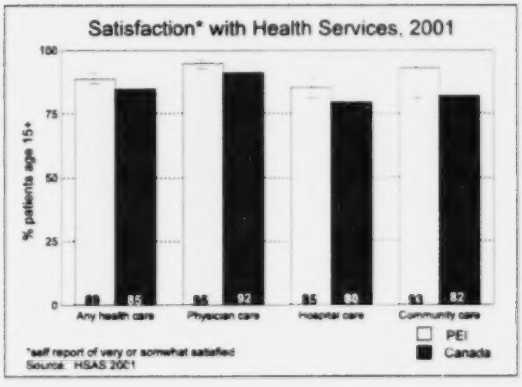
"Universality" means that all citizens will have access to the care they need within a reasonable period of time. However, in PEI and Canada, the perception of access to care is declining, as demonstrated by the increasing unmet health needs. The major reason given was waiting time. Average PEI waiting times in 2001 were:

- 3.0 weeks for specialist visits
- 3.0 weeks for non-emergency surgery[15]



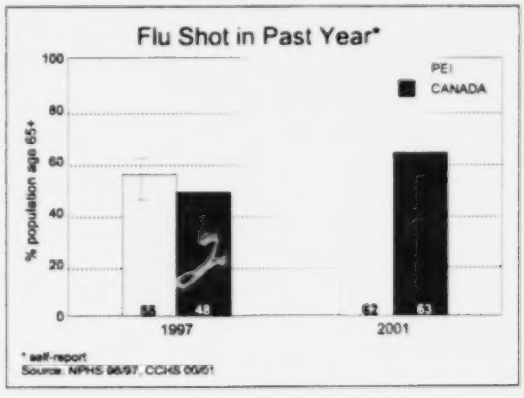
3. 3.2 Patient Satisfaction

Patient satisfaction combines quality of care, outcome of care, convenience and availability, continuity, interpersonal aspects, finances, and facilities[30]. Satisfaction is influenced by past experiences, knowledge of alternatives, and levels of expectation[31]. The majority of patients (~90%) are satisfied with the services provided.



3. 3.3 Influenza Vaccination

Immunization is recommended annually for seniors and immuno-compromised persons, to lessen the severity of influenza[32]. For people over 65, PEI and Canada have similar rates that appear to be increasing.



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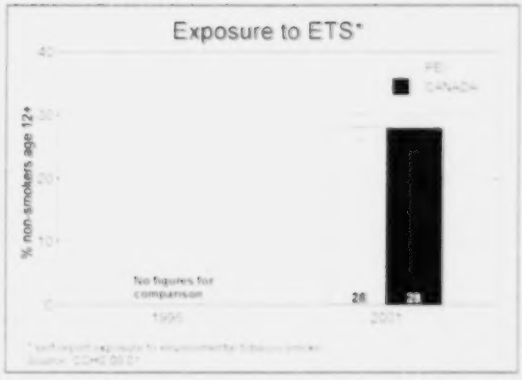

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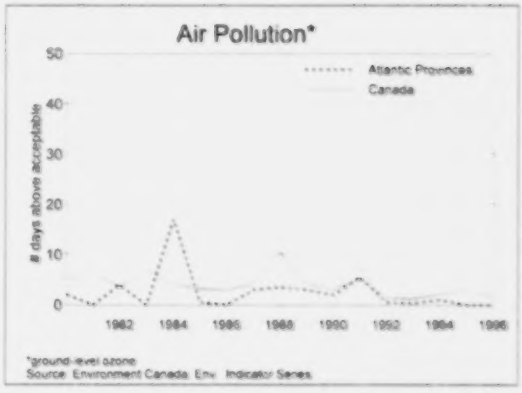

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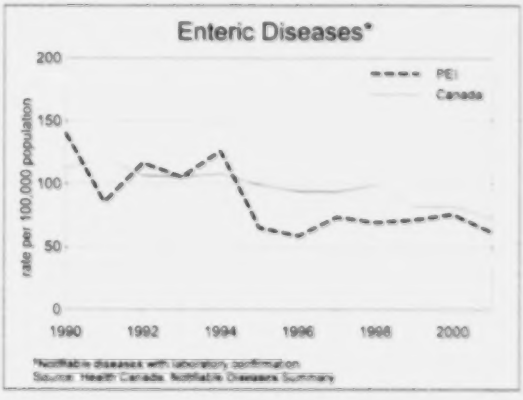

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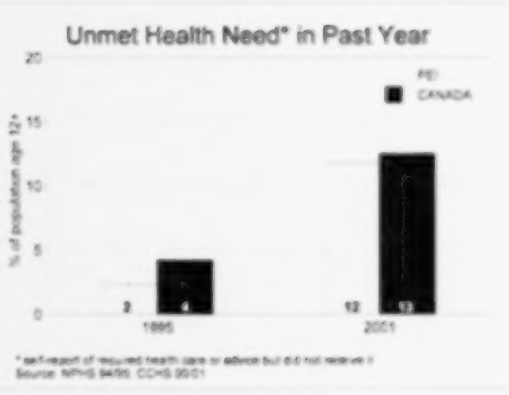

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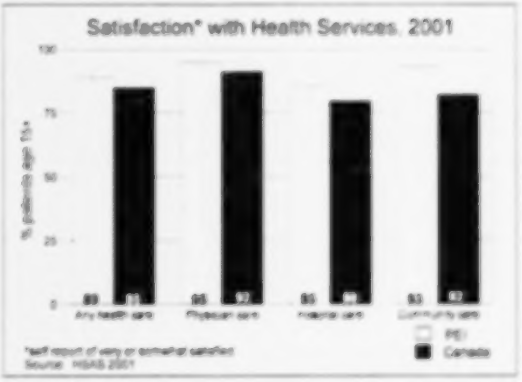

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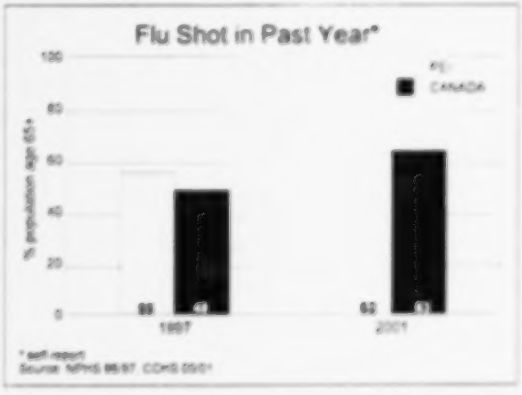
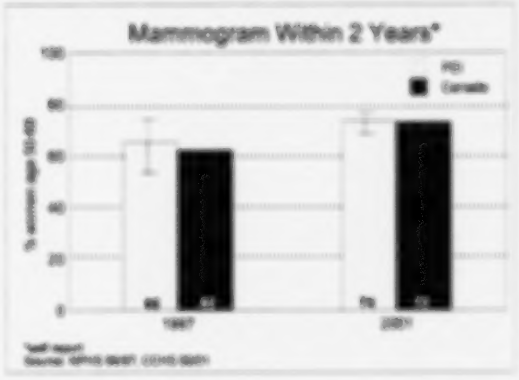


3.3 HEALTH SYSTEM PERFORMANCE

3. 3.4 Mammography

Mammograms are recommended every 2 years for women aged 50 to 69, for early detection of breast cancer[32]. To encourage this, the PEI Breast Screening Program began in 1998. PEI and Canada have similar rates that appear to be increasing.

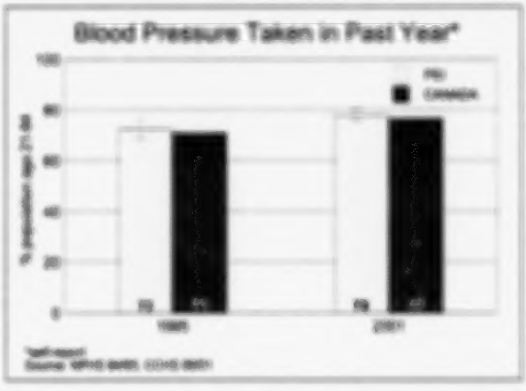


3. 3.5 Pap Screening

Pap smears are recommended every 3 years for women aged 18 to 69, to prevent cervical cancer[32]. To encourage this, the PEI Pap Screening Program began in 2001. Comparison with Canada is only available using self-report data that indicates that PEI rates are similar to Canadian rates (see Appendix), and have remained stable.

3. 3.6 Blood Pressure

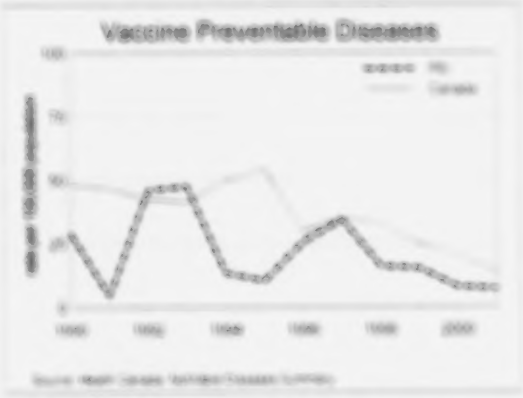
Measurement of blood pressure during a medical visit is recommended for persons aged 21 to 84, to detect hypertension[32]. PEI and Canadian rates are similar, and appear to be increasing.



3.3 HEALTH SYSTEM PERFORMANCE

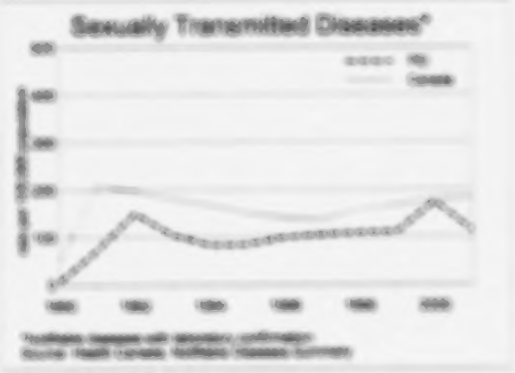
3. 3.7 Vaccine Preventable Diseases

Many childhood and adult diseases are prevented by vaccination. These include pertussis, hepatitis B, rubella, mumps, measles, diphtheria, tetanus, *Haemophilus influenza* type b, and polio. In April 2000, PEI added chicken pox vaccination to the Childhood Immunization Program. PEI and Canadian rates are decreasing, although they fluctuate with pertussis outbreaks.



3. 3.8 Sexually Transmitted Diseases

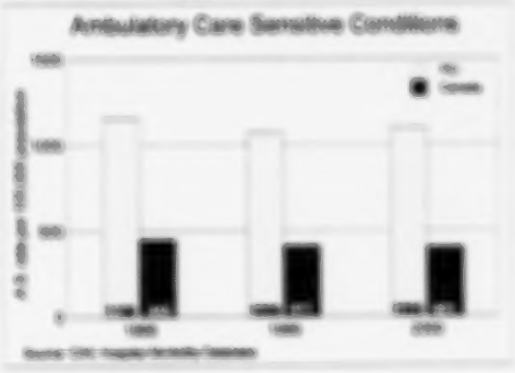
Unprotected sexual activity can spread infection with STDs. Chlamydia (the most common STD) and gonorrhea can result in infertility in both sexes. Syphilis can damage the brain. AIDS can result in death[28]. PEI and Canadian rates are increasing.



3. 3.9 Preventable Hospitalizations

Some hospital admissions could be prevented with the appropriate out-patient treatment. PEI consistently hospitalizes over 2½ times more people than the rest of Canada for these conditions. This may be related to the limited availability of community care[11].

These conditions contribute to PEI's consistently high rate of hospitalization, compared to Canada.



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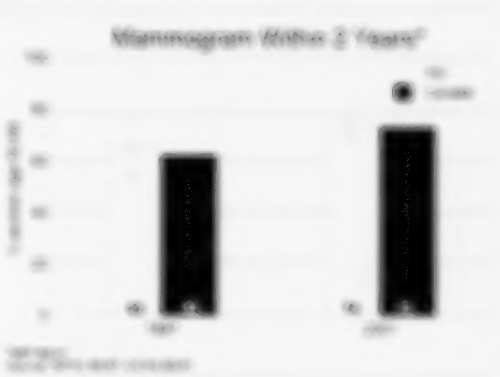

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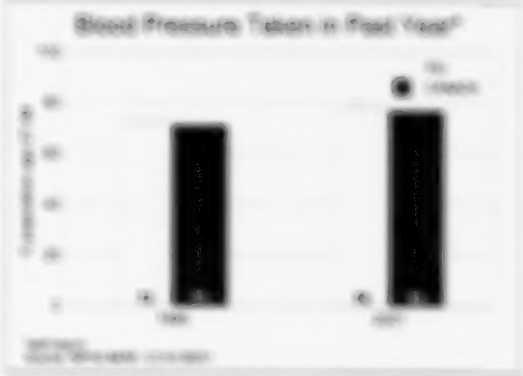

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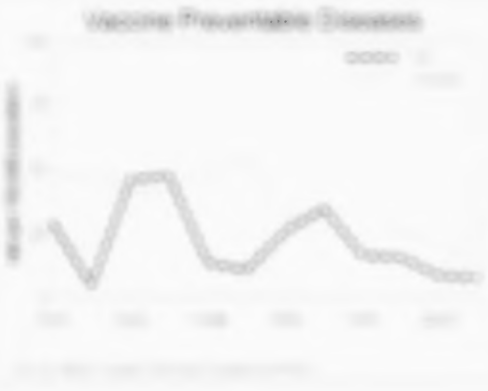
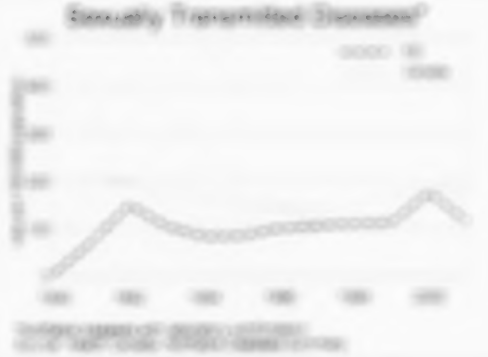


3. 3.8 Sexually Transmitted Diseases

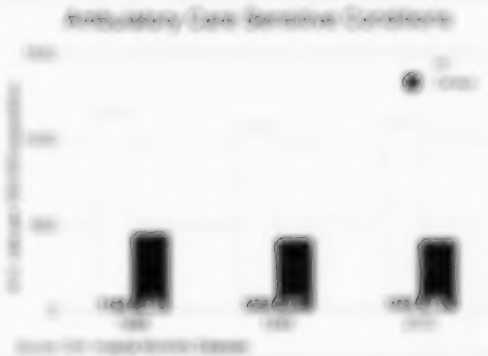
Unprotected sexual activity can spread infection with STDs. Chlamydia (the most common STD) and gonorrhea can result in infertility in both sexes. Syphilis can damage the brain. AIDS can result in death[1]. PEI and Canadian rates are increasing.



3. 3.9 Preventable Hospitalizations

Some hospital admissions could be prevented with the appropriate out-patient treatment. PEI consistently hospitalizes over 2½ times more people than the rest of Canada for these conditions. This may be related to the limited availability of community care[1].

These conditions contribute to PEI's consistently high rate of hospitalization compared to Canada.



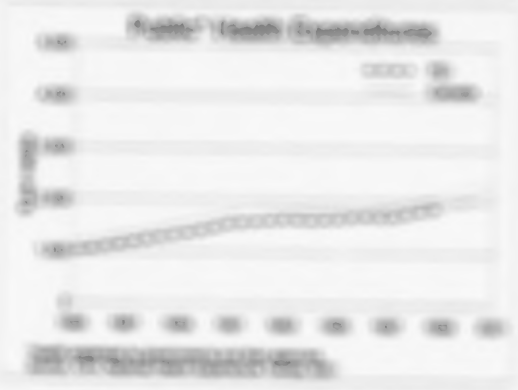
5.6 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

5.6.1 Health Expenditures

Increases in health expenditures are a result of a combination of population growth, increased utilization per capita, and increased prices. PEI consistently spends less (~ $140) per capita than the Canadian average. However, PEI spends more of its resources on health (8% GDP) compared to the Canadian average (8% GDP).[1]

PEI public health funds are used for:

- 46% acute care hospitals
- 15% physicians
- 10% long term care institutions
- 5% drugs
- 20% other

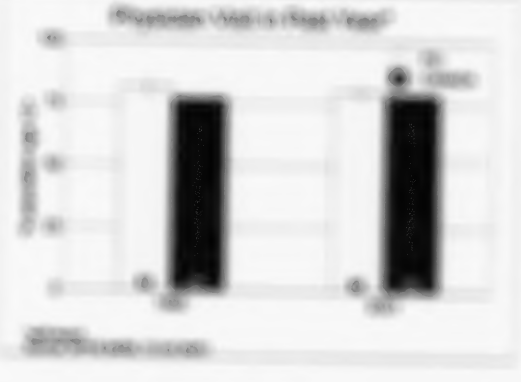


5.6.2 Hospitalization Rates by Causes

The leading causes of hospitalizations are circulatory, digestive and respiratory conditions. In both PEI and Canada, the largest decreases since 1998 are for pregnancy and respiratory hospitalizations (see footnote). PEI hospitalization rates are much higher than the Canadian rates for respiratory, digestive, diabetes mental and genitourinary disorders.

5.6.3 Physician Visits

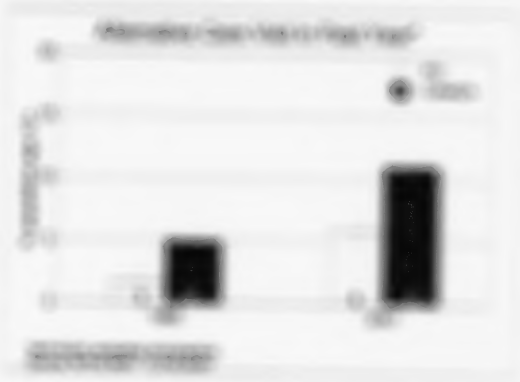
Access to physicians has remained stable. Physician visits are not associated with education, but do increase with income. Women were more likely than men to report multiple visits to a physician in the past year.[1] 80% of islanders visit a physician at least annually, similar to the Canadian rate.



[illegible]

[illegible] Alternative Care

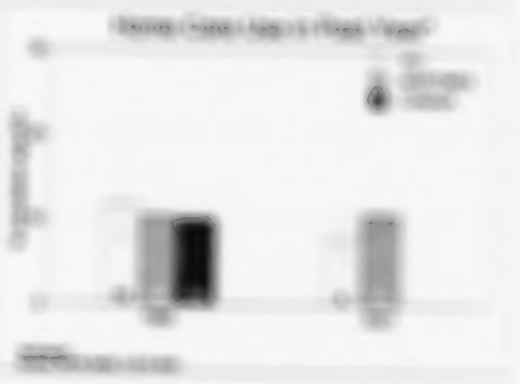
The most common alternative to medical care was chiropractic services, followed by massage therapy, homeopathy, and acupuncture. Use of these therapies increases with education, income, availability, and chronic conditions[1]. PID and cavernous sinus thrombosis, with the PID rate of use below the cavernous rate.



[illegible] Home Care

Home care services are designed to maintain independence and reduce the need for hospitalization and long-term care. The rate of use is similar to PID and other costly of cavernous and has remained stable (~10% of services).

However, the potential need for home care may increase, since half of those needing assistance with personal care received no formal home care. In many cases that help is provided informally by family and friends[2].



[illegible] Population and Projections

The aging population is illustrated by the increasing proportion of seniors in the PID and cavernous populations. The PID proportion over age 65 is consistently higher than the cavernous projection.

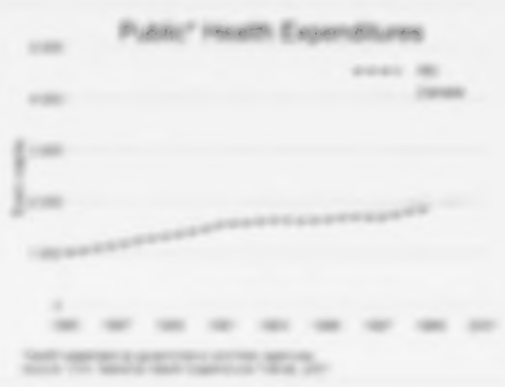
3.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

3. 4.1 Health Expenditures

Increases in health expenditures are a result of a combination of population growth, increased utilization per capita, and increased prices. PEI consistently spends less (~ $150 per capita) than the Canadian average. However, PEI spends more of its resources on health (8% GDP) compared to the Canadian average (6% GDP).[1]

PEI public health funds are used for:

- 46% acute care hospitals
- 15% physicians
- 12% long term care institutions
- 5% drugs
- 20% other

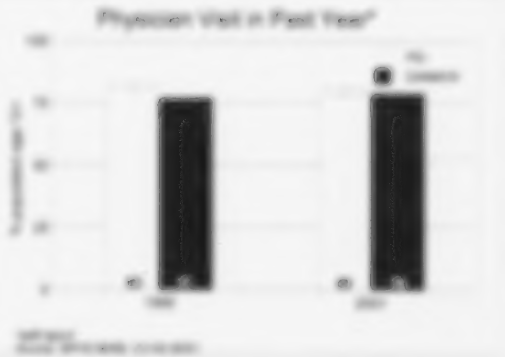


3. 4.2 Hospitalization Rates by Cause

The leading causes of hospitalization's are circulatory, digestive and respiratory conditions. In both PEI and Canada, the largest decreases since 1998 are for pregnancy and respiratory hospitalizations (see Appendix). PEI hospitalization rates are much higher than the Canadian rates for respiratory, digestive, ill-defined, mental, and genitourinary disorders.

3. 4.3 Physician Visits

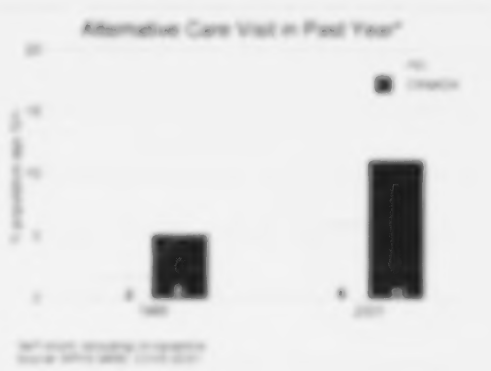
Access to physicians has remained stable. Physician visits are not associated with education, but do increase with income. Women were more likely than men to report multiple visits to a physician in the past year.[2] 80% of Islanders visit a physician at least annually, similar to the Canadian rate.



3.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

3. 4.4 Alternative Care

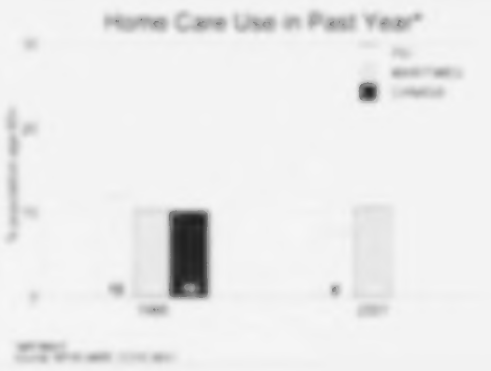
The most common alternative to medical care was chiropractic services, followed by massage therapy, homeopathy and acupuncture. Use of these therapies increases with education, income, availability and chronic conditions[17]. PEI and Canadian rates are increasing, with the PEI rate of use below the Canadian rate.



3. 4.5 Home Care

Home care services are designed to maintain independence and reduce the need for hospitalization and long-term care. The rate of use is similar in PEI and other parts of Canada, and has remained stable (~10% of seniors).

However, the potential need for home care may increase, since half of those needing assistance with personal care received no formal home care. In many cases that help is provided informally by family and friends[17].



3. 4.6 Population and Projections

The aging population is illustrated by the increasing proportion of seniors in the PEI and Canadian populations. The PEI proportion over age 65 is consistently higher than the Canadian proportion.

4 INDICATORS BY AGE AND SEX

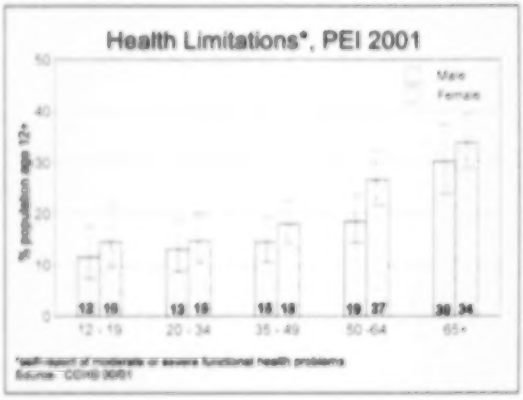
4.1 HEALTH STATUS

4. 1.1 Self-reported Health

Self-reported health decreases with age, and is similar for males and females.

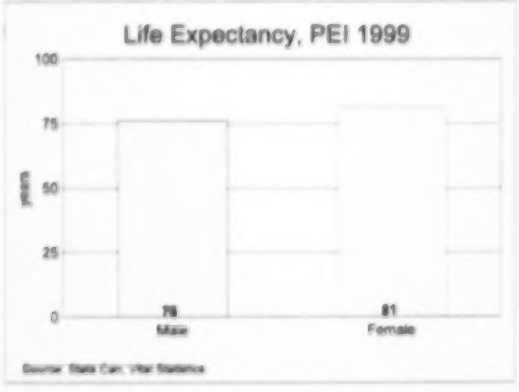
4. 1.2 Functional Health Status

Health limitations increase with age, and are similar for males and females.



4. 1.3 Life Expectancy

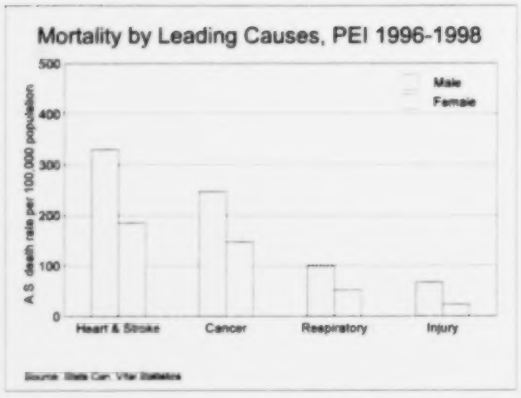
In PEI, females lived 5 years longer, on average, than males.



4.1 HEALTH STATUS

4. 1.4 Mortality by Leading Causes

Male death rates were higher than female death rates for all the leading causes. At this time, age specific mortality rates are not available.

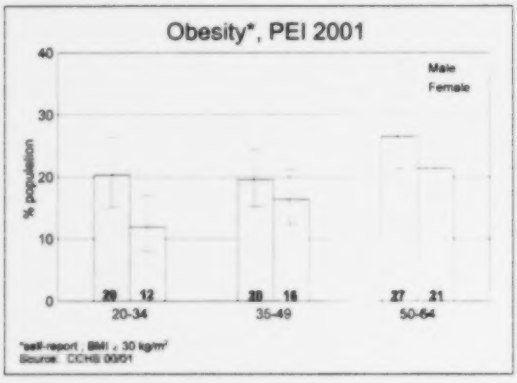


4. 1.5 Low Birth Weight

In Canada, low birth weights are more common among mothers under 15 and over 45[22].

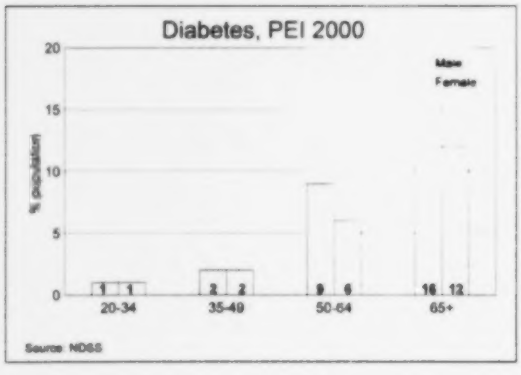
4. 1.6 Obesity

Obesity rates tend to increase with age. The male obesity rate is higher than the female rate.



4. 1.7 Chronic Conditions

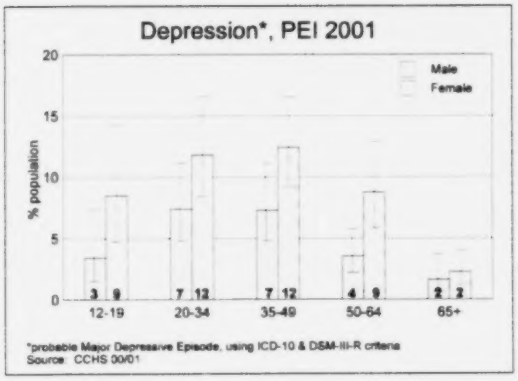
Diabetes prevalence increases with age. This is similar to the pattern seen with other chronic conditions such as arthritis, cardiovascular disease, and cancer[22].



4.1 HEALTH STATUS

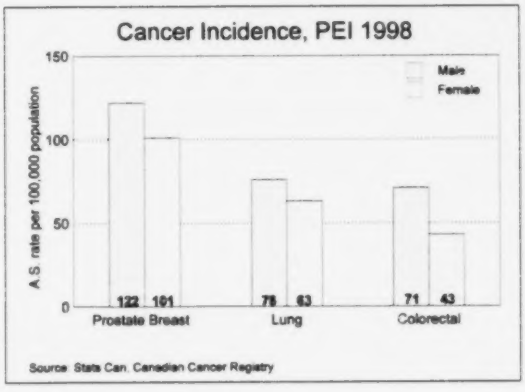
4. 1.8 Depression

Depression is most common in mid-life. The female rate of depression is higher than the male rate.



4. 1.9 Cancer Incidence

Cancer increases with age, and is more common for males than females[25]. Statistics Canada does not provide PEI rates by age group.

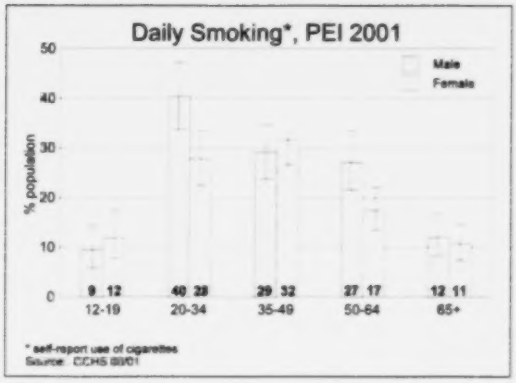


4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.1 Smoking

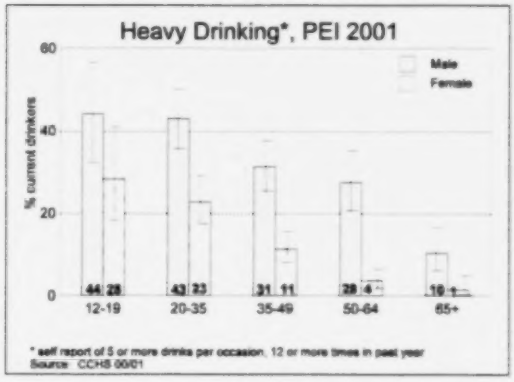
Smoking rates peak with young adults, and are higher for males than females.

Among 2416 PEI students age 12 to 19, the 2002 daily smoking rates for both males and females was 12%[37].



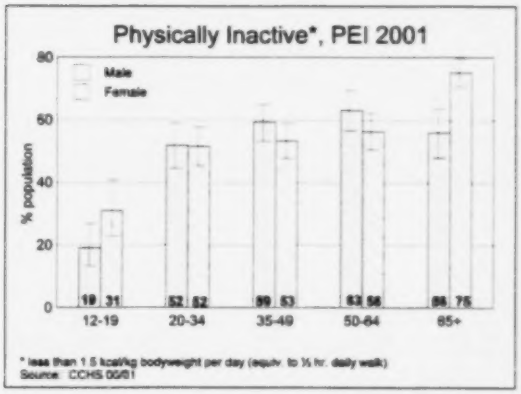
4. 2.2 Drinking

Heavy drinking rates decrease with age, and are higher for males than females.



4. 2.3 Physical Activity

Activity levels decrease with age. Females are less active than males especially among the youngest and oldest age groups.



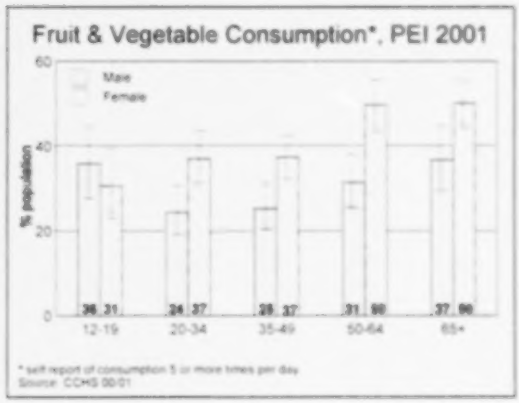
4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.4 Breast-feeding

In Canada, breast-feeding is most common among mothers over 25[22].

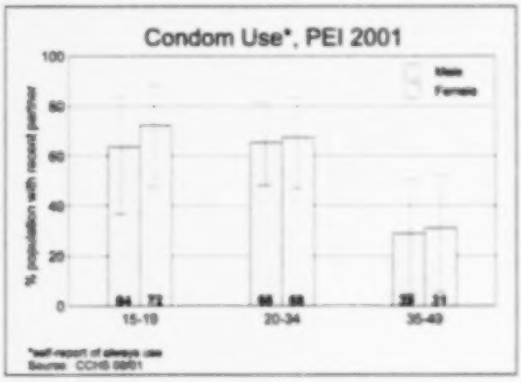
4. 2.5 Diet

Fruit and vegetable consumption is low for all Islanders. Women over 50 reported the highest consumption of fruits and vegetables.



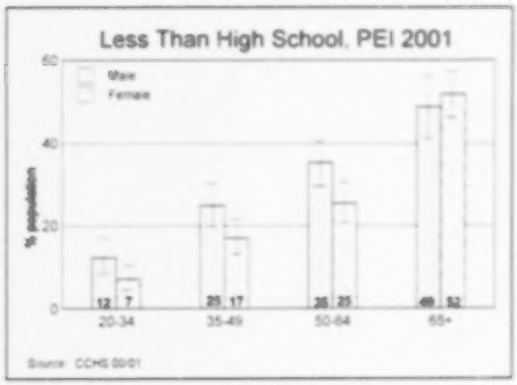
4. 2.6 Condom Use

Condom use decreases with age.



4. 2.7 Education

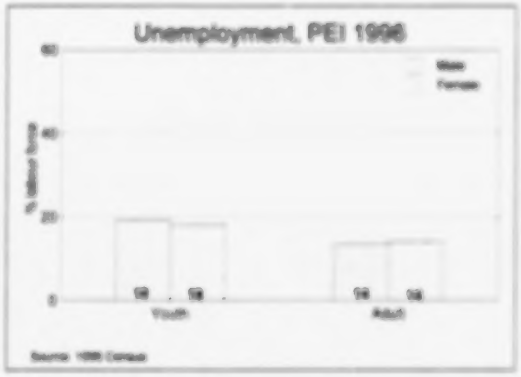
Education level decreases with age, for both males and females.



4.2 NON-MEDICAL DETERMINANTS OF HEALTH

4. 2.8 Unemployment

Unemployment rates are higher for youth than adults. Regardless of age, male and female rates are similar.

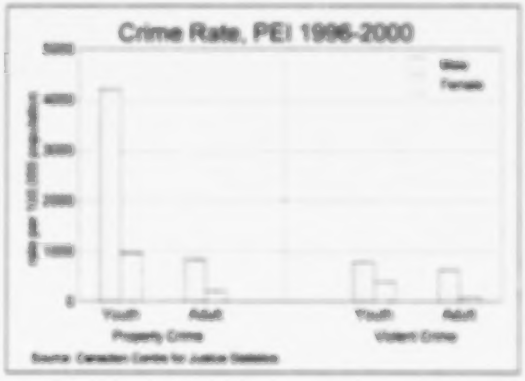


4. 2.9 Income

Statistics Canada does not provide PEI data by age group. In Canada, women earn less than men since they hold the majority of the lowest paying jobs. Women aged 18 to 24 and age 70 and over were most likely to be living in low-income circumstances in 1995[22].

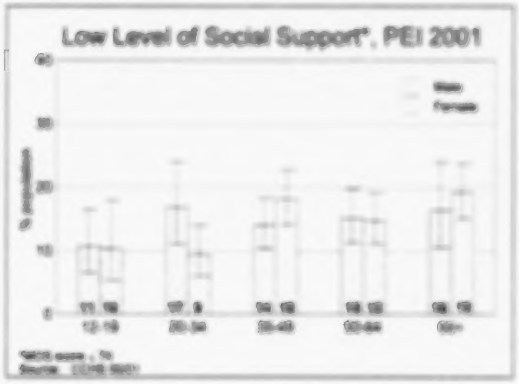
4. 2.10 Crime

Young males are most likely to be charged with property crimes. Adult females are least likely to be charged with violent crime.



4. 2.11 Social Support

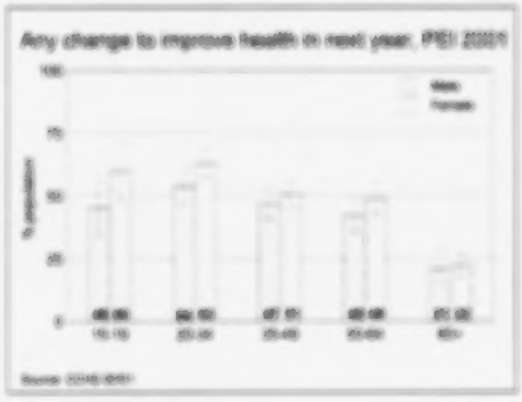
Social support levels are similar across age groups and both sexes.



4.2 NON-MEDICAL DETERMINANTS OF HEALTH

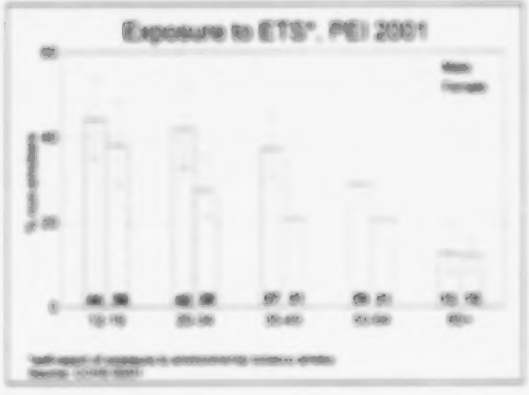
4. 2.12 Changes to Improve Health

Islanders' readiness to make changes to improve health decreases after age 35. Male and female rates are similar.



4. 2.13 Exposure to Second-hand Smoke

Exposure to ETS decreases with age, and is higher for males than females. This parallels the smoking rates for adults. However the exposure of youth is the highest, in spite of their lower smoking rates.



4. 2.14 Air Pollution

Exposure is related to time spent outdoors for all age groups and both sexes.

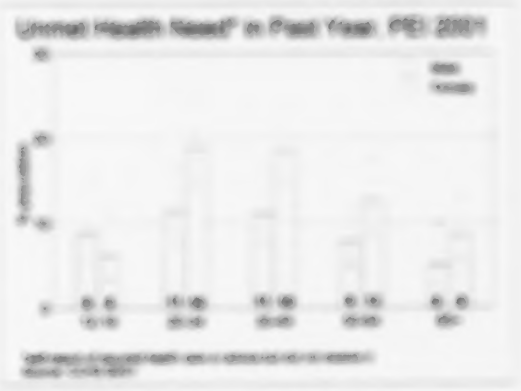
4. 2.15 Foodborne and Waterborne Diseases

Not available by age and sex.

4.3 HEALTH SYSTEM PERFORMANCE

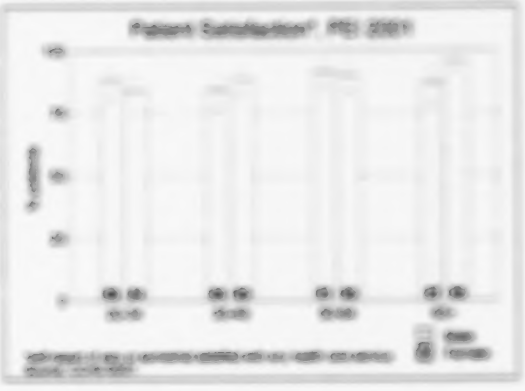
4. 3.1 Unmet Health Needs

Female rates of unmet health needs are higher than male rates. There are no significant differences by age. However, the trend may indicate a peak in mid-life.



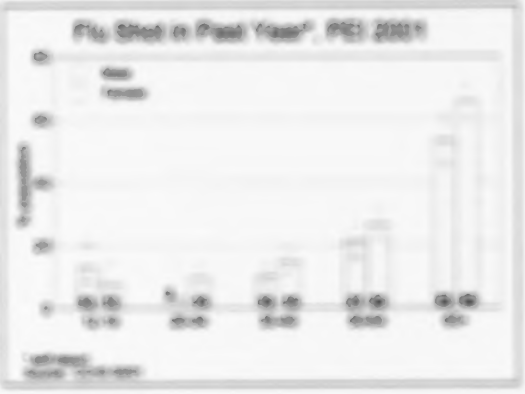
4. 3.2 Patient Satisfaction

Patient satisfaction was similar for all age groups and both sexes.



4. 3.3 Influenza Vaccination

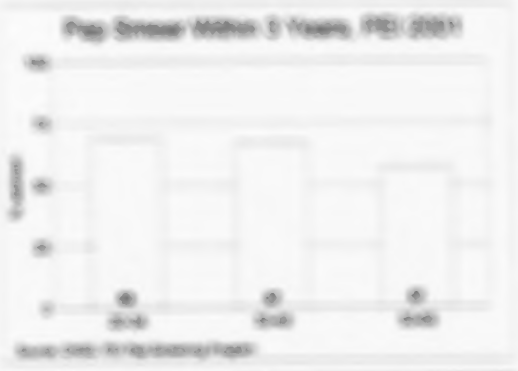
44% of flu shots are provided to seniors age 65 and over, consistent with vaccination recommendations for seniors. More females than males received a flu shot.



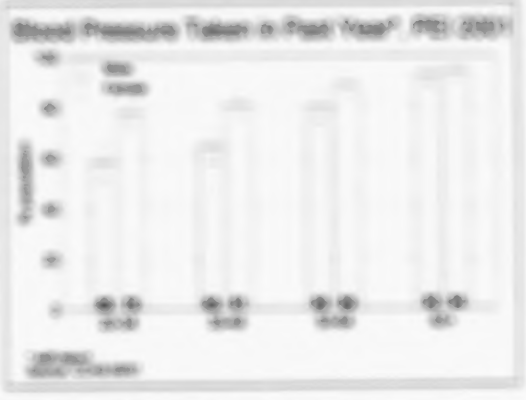
4.0 [illegible]

4. 3.4 Mammography
Only reported for age 50 to 69, to correspond with screening recommendations.

4. 3.5 Pap Screening
Pap screening decreases with age, despite screening recommendations for all women age 20 to 69.



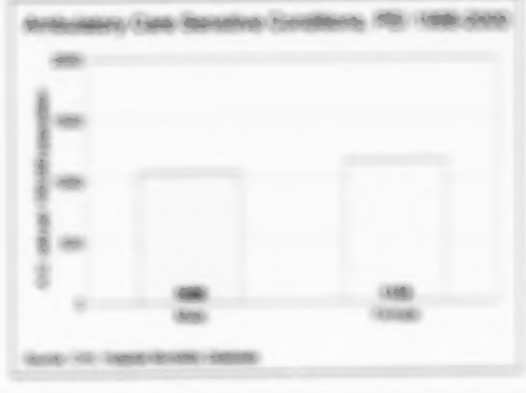
4. 3.6 Blood Pressure
As people age, they are more likely to have their blood pressure taken. Under 65 years of age, more women than men had their blood pressure taken.



4. 3.7 Vaccine Preventable Diseases
Not available by age and sex.

4. 3.8 Sexually Transmitted Diseases
Not available by age and sex.

4. 3.9 Preventable Hospitalizations
In PEI, more female than male hospital admissions could be prevented with appropriate out-patient treatment.



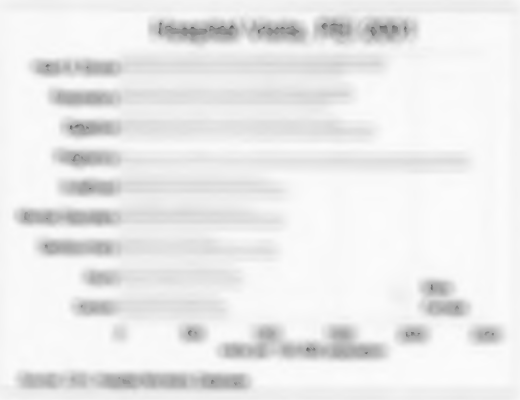
6.2 Community and Health System Indicators

6. 6.1 Health Expenditures

Health expenditures increase with age, with a similar pattern for both sexes.

6. 6.2 Hospitalization Rates by Cause

For FEI males, the leading causes of hospitalization were heart and stroke, respiratory, and digestive conditions. For FEI females, they were pregnancy, digestive, and heart and stroke.



6. 6.3 Physician Visits

Physician visits increase with age, and are higher for women than men.

6.3 [illegible]

6.3.1 Alternative Care

Use of alternative care is highest for women in middle

6.3.2 Home Care

Although less than 1% of Manitoba under age 65 use home care services, they represent one quarter of home care recipients. Home care use increases with age. [illegible] age 65+. 8% were admitted to publicly funded home care services[1], similar to the 9% self-reported use of home care services.

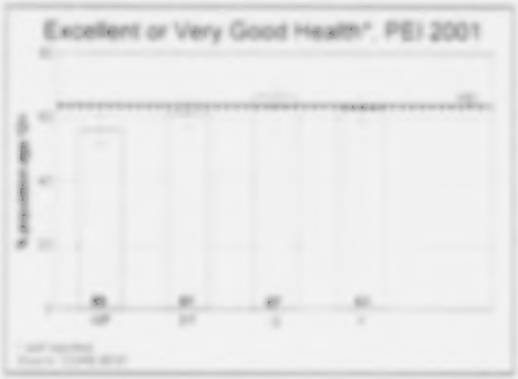
6.3.3 Population and Projections

There is little gender variation by age in the population. While there are more women than men over 65 as a result of women's longer life expectancy, there are virtually equal numbers in all younger age groups. Over the next 20 years, PCI's aging population will result in the proportion of seniors doubling, and the proportion of youth under age 20 decreasing by a third.

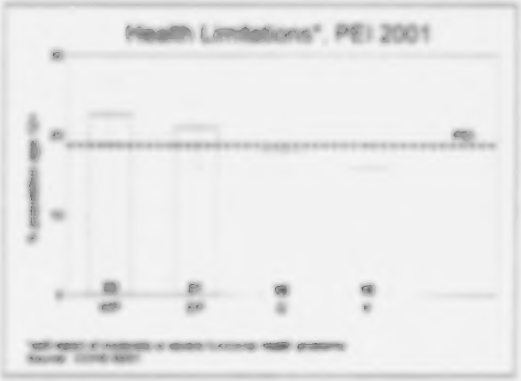
5 INDICATORS BY HEALTH REGION

5.1 HEALTH STATUS

5. 1.1 Self-reported Health
There are no significant differences by health region.



5. 1.2 Functional Health Status
There are no significant differences by health region.



5. 1.3 Life Expectancy Not available by health region

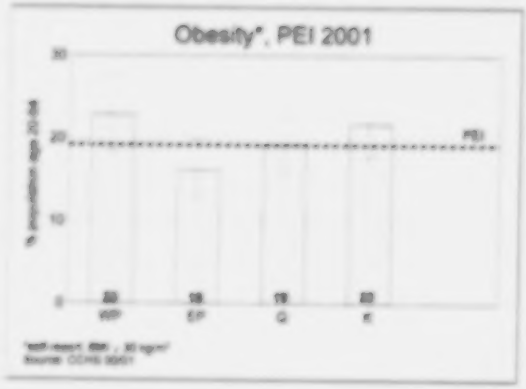
5. 1.4 Mortality rate by cause Not available by health region

5. 1.5 Low Birth Weight Not available by health region

5.1 HEALTH STATUS

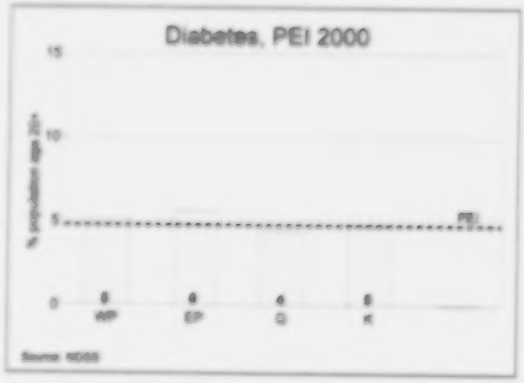
5. 1.6 Obesity

There are no significant differences by health region.



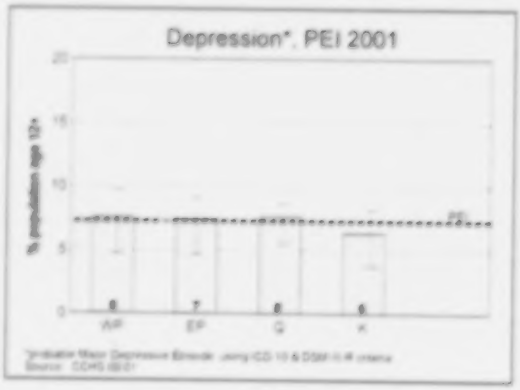
5. 1.7 Chronic Conditions

Diabetes prevalence in West Prince and East Prince are higher than the provincial rate.



5. 1.8 Depression

There are no significant differences by health region.



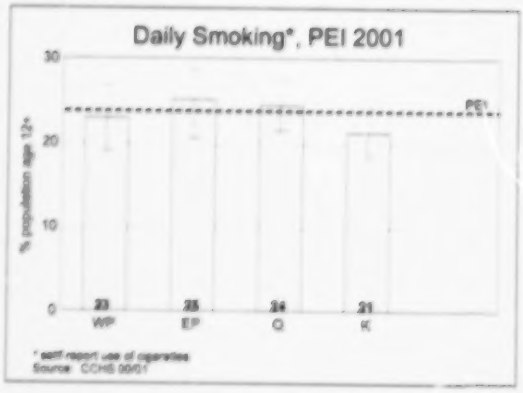
5. 1.9 Cancer Incidence

Not available by health region.

5.2 NON-MEDICAL DETERMINANTS OF HEALTH

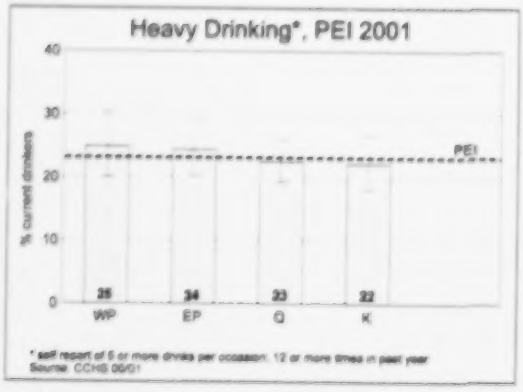
5. 2.1 Smoking

There are no significant differences by health region.



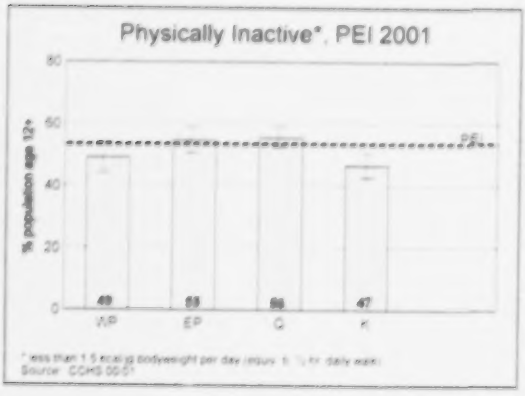
5. 2.2 Drinking

There are no significant differences by health region.



5. 2.3 Physical Activity

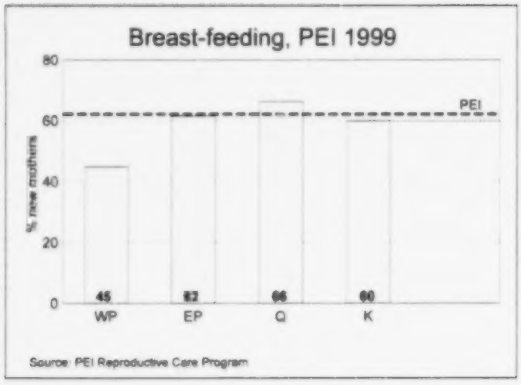
There are no significant differences by health region.



5.2 NON-MEDICAL DETERMINANTS OF HEALTH

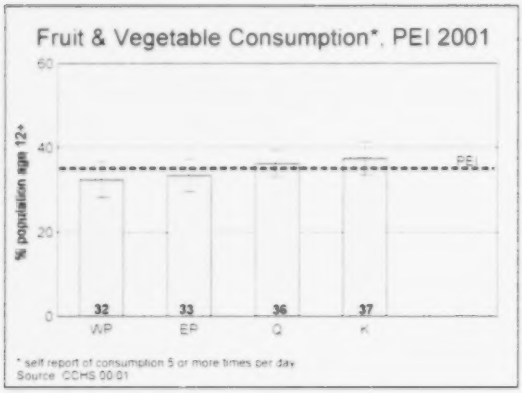
5. 2.4 Breastfeeding

Breastfeeding rates are lowest in West Prince.



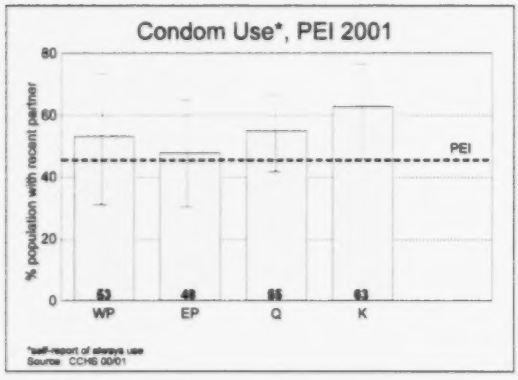
5. 2.5 Diet

There are no significant differences by health region.



5. 2.6 Condom Use

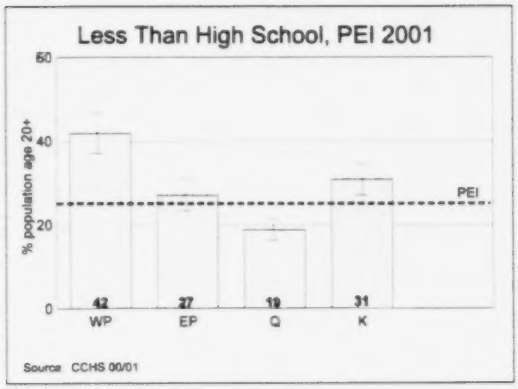
There are no significant differences by health region.



5.2 NON-MEDICAL DETERMINANTS OF HEALTH

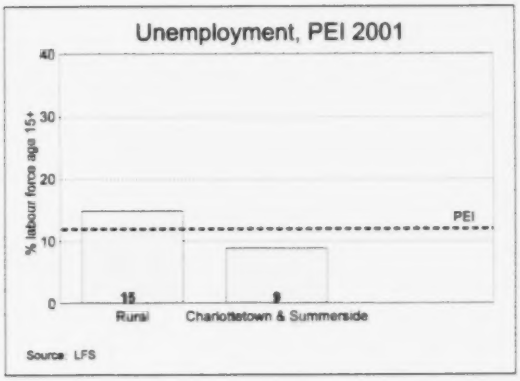
5. 2.7 Education

Education levels are the highest in Queen's, and the lowest in West Prince.



5. 2.8 Unemployment

Unemployment rates are higher for rural PEI, compared to urban PEI.



5. 2.9 Income

Not available by health region.

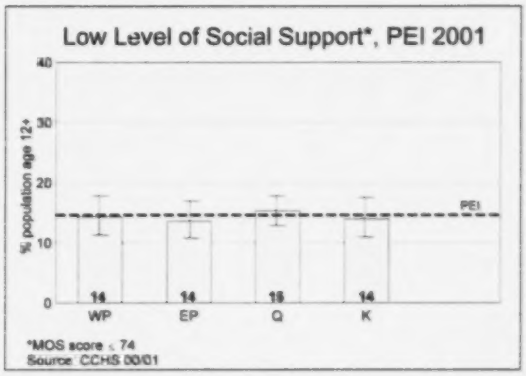
5. 2.10 Crime

Not available by health region.

5.2 NON-MEDICAL DETERMINANTS OF HEALTH

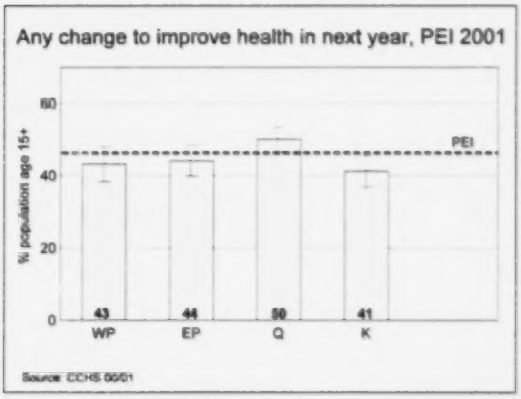
5. 2.11 Social Support

There are no significant differences by health region.



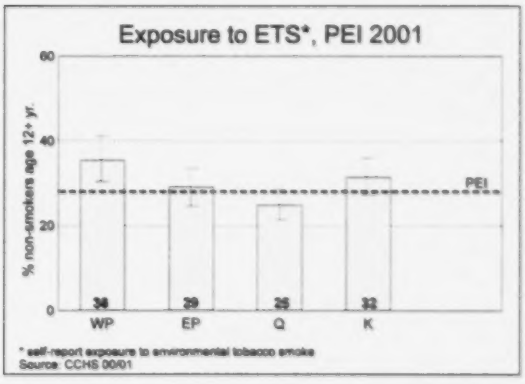
5. 2.12 Changes to Improve Health

There are no significant differences by health region.



5. 2.13 Exposure to Second-hand Smoke

There are no significant differences by health region.



5. 2.14 Air Pollution

Not available by health region.

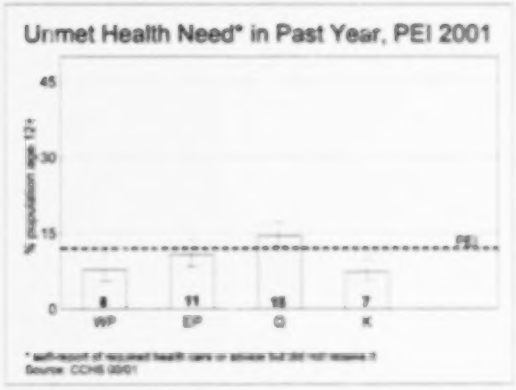
5. 2.15 Foodborne and Waterborne Diseases

Not available by health region.

5.3 HEALTH SYSTEM PERFORMANCE

5. 3.1 Unmet Health Needs

There are no significant differences by health region.

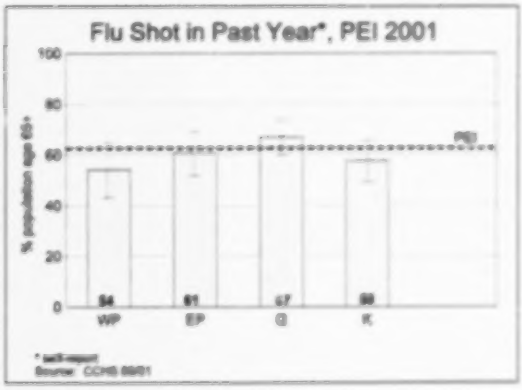


5. 3.2 Patient Satisfaction

There are no significant differences by health region.

5. 3.3 Influenza Vaccination

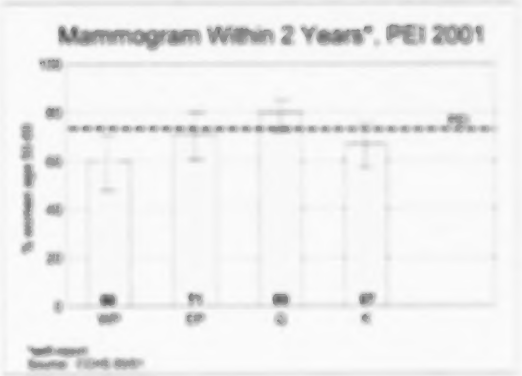
There are no significant differences by health region.



5.3 HEALTH SYSTEM PERFORMANCE

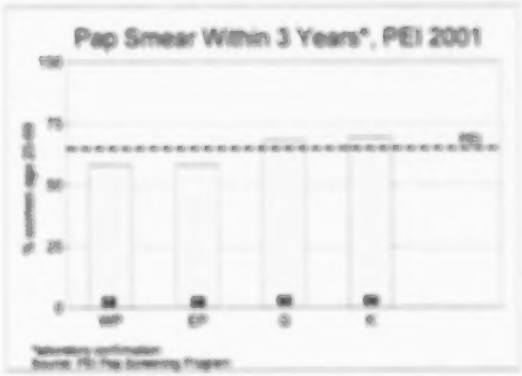
5. 3.4 Mammography

There are no significant differences by health region.



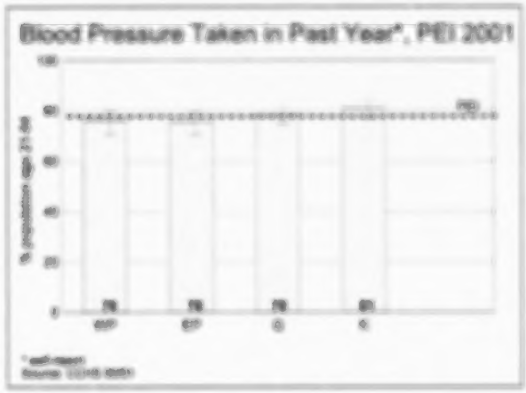
5. 3.5 Pap Tests

Pap screening rates in West Prince and East Prince are lower than the provincial screening rate.



5. 3.6 Blood Pressure

There are no significant differences by health region.



5. 3.7 Vaccine Preventable Diseases

Not available by health region.

5. 3.8 Sexually Transmitted Diseases

Not available by health region.

5. 3.9 Preventable Hospitalizations

Not available by health region.

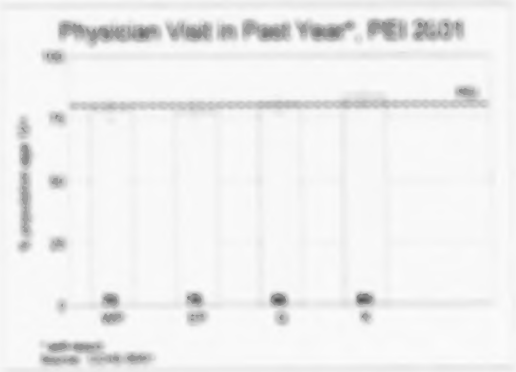
5.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

5. 4.1 Health Expenditures Not available by health region.

5. 4.2 Hospitalization Rates by Cause Not available by health region.

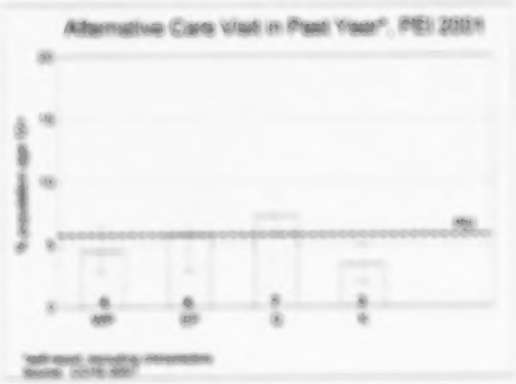
5. 4.3 Physician Visits

There are no significant differences by health region.



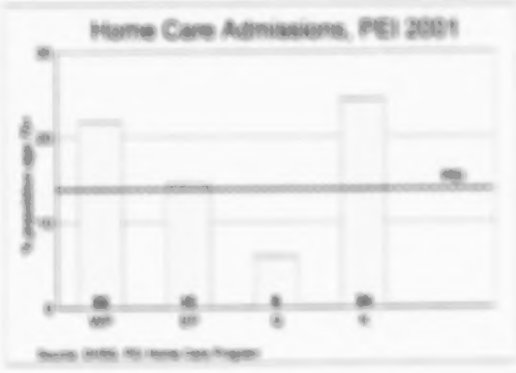
5. 4.4 Alternative Care

There are no significant differences by health region.



5. 4.5 Home Care

The highest rates of admission to home care services for seniors over the age of 75 are in West Prince and Kings, and the lowest in Queens.

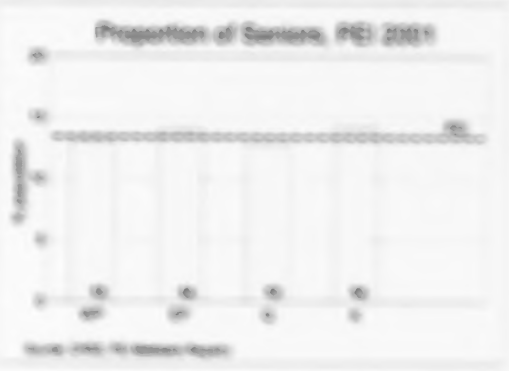


5.4 COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

5. 4.6 Population and Projections

Seniors make up a larger proportion of the population in East Prince and Kings than in West Prince and Queens.

Counts for 2001 are found in the appendix. Projections are not available by health region.



6 HOW HEALTHY ARE ISLANDERS?

6.1 AREAS WITH GOOD RESULTS

The majority of Islanders describe their health as excellent or very good. Our life expectancy has been increasing, and we live in an area with low crime and high social support. We are satisfied with our health services. Our most noteworthy public health successes are the low rate of babies born with low birth weights and the reduction in vaccine preventable diseases.

6.2 AREAS FOR IMPROVEMENT

An increasing proportion of Islanders are experiencing moderate or severe limitations due to health problems. Islanders smoke and drink more than other Canadians, while we are less active and have increasing obesity rates. We live in an area with lower education and income, and higher unemployment than other Canadians. Our perception of access to care is declining. We are hospitalized more than other Canadians, although some hospitalizations could be prevented with increased access to more community services.

6.3 AREAS OF SIMILARITY

Islanders health is generally similar to Canadians. We have similar causes of death, and similar rates of chronic conditions, depression, and cancer. Our behaviours are similar in breast-feeding, diet, condom use, and intentions to improve our health. We share similar environments with respect to exposure to second-hand smoke, air pollution, food and waterborne diseases. Islanders and Canadians share similar rates of flu vaccination, mammography, pap screening, blood pressure testing, and sexually transmitted diseases. Health expenditures are increasing across Canada, while access to physicians and home care remains stable.

The populations of both PEI and Canada are aging. Over the next 25 years, PEI's aging population will result in the proportion of seniors doubling, and the proportion of youth under age 20 decreasing by a third. This points toward future increases in chronic diseases and their associated health limitations.

While Canada provides the most convenient comparison for Islanders, this may not represent the most appropriate criterion for Islanders to measure themselves against. For example, the prevalence of chronic diseases and depression are increasing in both Canada and PEI.

2.0 SUMMARY

Health of Prince Edward Islanders, 2001

1. Health Status			
Well-being	Mental Problems	Illness	Health Conditions
[illegible]	Declared health status	Life expectancy [illegible]	Low birth weight babies Obesity [illegible] [illegible] [illegible]

2. Non-Medical Determinants of Health			
Health Behaviours	Living and Working Conditions	Personal Resources	Environmental Factors
[illegible] Smoking Physical activity [illegible] Diet [illegible]	Education Unemployment Income Crime	Social support [illegible]	[illegible] [illegible] [illegible]

3. Health System Performance			
Accessibility	Primary Prevention	Effectiveness	Efficiency
Wait times [illegible]	[illegible] [illegible] [illegible] [illegible]	Vaccine preventable diseases [illegible]	[illegible] hospitalizations

4. Community and Health System Characteristics		
Resources	Health System	Functioning
[illegible]	Hospitalization rate by age [illegible] [illegible] [illegible]	[illegible] and diagnostics

[illegible]

[illegible]

6.4 SUMMARY

Health of Prince Edward Islanders, 2001

1. Health Status			
Well-being	Human Function	Death	Health Conditions
• self-rated health	• functional health status	• life expectancy • mortality rate by cause	• disability • chronic conditions • depression • cancer incidence

2. Non-Medical Determinants of Health			
Health Behaviours	Living and Working Conditions	Personal Resources	Environmental Factors
• smoking • drinking • physical activity • breastfeeding • diet • smoke use	• education • unemployment • income • crime	• social support • changes to improve health	• exposure to second-hand smoke • air pollution • food and waterborne illnesses

3. Health System Performance			
Acceptability	Disease Prevention	Effectiveness	Efficiency
• unmet needs • patient satisfaction	• influenza vaccination • mammography • pap screening • blood pressure	• cancer survival • STD's	• preventable hospitalizations

4. Community and Health System Characteristics		
Resources	Health System	Community
• health expenditures	• hospitalization rates by cause • physician visits • alternative care • home care	• population and projections

area with good results
area for improvement
area of similarity

Overall, the health of Islanders rates as "good" on a scale from poor to excellent.

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REFERENCES

APPENDIX: DEFINITIONS & DATA TABLES

1. Health Status
   - 1.1 Self-reported Health 51
   - 1.2 Functional Health Status 52
   - 1.3 Life Expectancy 53
   - 1.4 Mortality Rate by Cause 54
   - 1.5 Low Birth Weight 55
   - 1.6 Obesity 56
   - 1.7 Chronic Conditions 57
   - 1.8 Depression 58
   - 1.9 Cancer Incidence 59

2. Non-Medical Determinants of Health
   - 2.1 Smoking 60
   - 2.2 Drinking 61
   - 2.3 Physical Activity 62
   - 2.4 Breast-feeding 63
   - 2.5 Diet 64
   - 2.6 Condom Use 65
   - 2.7 Education 66
   - 2.8 Unemployment 67
   - 2.9 Income 68
   - 2.10 Crime 69
   - 2.11 Social Support 70
   - 2.12 Changes to Improve Health 71
   - 2.13 Exposure to Second-hand Smoke 72
   - 2.14 Air Pollution 73
   - 2.15 Food and Waterborne Diseases 74

3. Health System Performance
   - 3.1 Unmet Health Needs 75
   - 3.2 Patient Satisfaction 76
   - 3.3 Influenza Vaccination 77
   - 3.4 Mammography 78
   - 3.5 Pap Screening 79
   - 3.6 Blood Pressure 80
   - 3.7 Vaccine Preventable Diseases 81
   - 3.8 Sexually Transmitted Diseases 82
   - 3.9 Preventable Hospitalizations 83

4. Community and Health System Characteristics
   - 4.1 Health Expenditures 84
   - 4.2 Hospitalization Rates by Cause 86
   - 4.3 Physician Visits 87
   - 4.4 Alternative Care 88
   - 4.5 Home Care 89
   - 4.6 Population and Projections 90

APPENDIX

1. HEALTH STATUS

1.1 Self-reported Health

Definition: Individuals rate their own health status as being either excellent, very good, good, fair or poor. Overall measure of well-being that incorporates disease severity, coping skills, psychological attitude and social well-being.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Excellent or Very Good Health
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	67.4	63.6-71.3	63.1	62.1-64.1
2001	63.6	61.6-65.6	61.4	61.1-61.9

Excellent or Very Good Health, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	71.7	63.8-78.4	70.7	64.0-76.5	67.2	61.4-72.6	54.5	48.0-60.8	46.9	39.3-54.5
F	64.4	55.4-72.4	75.8	70.1-80.7	68.6	63.3-73.4	57.4	51.5-63.1	47	41.7-52.5

Excellent or Very Good Health, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
56	51.4-60.6	61.2	57.0-65.2	66.7	63.6-69.8	62.8	58.8-66.6

1. HEALTH STATUS

1.2 Functional Health Status

Definition: Individuals answer yes or no to a series of questions based on 9 dimensions of functioning: vision, hearing, speech, mobility, dexterity, feelings, cognition, memory and pain. These are combined with societal preferences for various health states to produce an overall **Health Utility Index** of functional health on a scale of 0 to 1. A score of 0.8 to 1.0 is considered to be very good or perfect health; scores below 0.8 are considered to indicate moderate or severe functional health problems (disabilities).

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Moderate or Severe Functional Health Problems
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	12.1	9.9-14.3	14.5	13.9-15.2
2001	18.9	17.4-20.6	18.6	18.3-19.0

Moderate or Severe Functional Health Problems, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	11.5	7.37-17.6	13.1	8.84-19.0	14.5	10.7-19.3	18.5	14.3-23.6	30.2	23.8-37.3
F	14.5	9.53-21.6	14.7	10.6-20.1	18	14.2-22.5	26.6	21.5-32.5	33.8	28.8-39.2

Moderate or Severe Functional Health Problems, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
22.6	18.9-26.7	21	17.9-24.5	18.1	15.7-20.8	15.9	13.4-18.9

1. HEALTH STATUS

1.3 Life Expectancy

Definition: Life expectancy is the number of years a person would be expected to live, on average, starting from birth. Calculation uses birth data and annual mortality rates for Greville's method for abridged lifetables, with 5-year age groupings of population and mortality rates.

Sources: Statistics Canada, Vital Statistics, Birth and Death Databases[1]

Data Table:

Life Expectancy at Birth
Expected age in years

	Male		Female	
Year	PEI	Canada	PEI	Canada
1980	72.4	71.7	79.7	78.9
1981	72.9	72.1	80.8	79.3
1982	73.5	72.4	81.2	79.4
1983	72.4	72.7	79.8	79.7
1984	72.9	73.1	80.2	79.9
1985	72.7	73.1	80.6	79.9
1986	71.9	73.3	80.1	79.9
1987	73.8	73.6	80.7	80.3
1988	73.3	73.6	81.2	80.3
1989	73.0	74.0	81.2	80.6
1990	73.1	74.4	80.5	80.8
1991	72.5	74.6	80.8	80.9
1992	74.0	74.8	81.3	81.2
1993	74.2	74.8	80.1	80.9
1994	74.7	75.0	81.4	81.0
1995	73.8	75.1	81.2	81.1
1996	73.8	75.5	80.7	81.2
1997	76.3	75.8	82.6	81.3
1998	74.9	76.0	79.9	81.5
1999	75.7	76.3	81.2	81.7

Notes: Graph 3.1.3 uses annual data.

Disability Free Life Expectancy (DFLE) is the number of years a person would expect to live, starting from birth, free of moderate or severe disability. Calculation uses Life Expectancy and the Health Utility Index.
The most recent data for PEI is from 1996: 65 yr DFLE for ♂, and 70 yr DFLE for ♀.

1 HEALTH STATUS

1.4 Mortality Rate by Cause

Definition: Deaths per 100,000 population, age-standardized to the 1991 Canadian population

- Heart and Stroke: all circulatory disease deaths (ICD-9 390-459)including ischaemic heart disease (heart attack), cerebrovascular diseases (stroke), and other circulatory diseases.
- Cancer: all malignant cancer deaths (ICD-9 140-208) including lung, colorectal, breast, and prostate cancers.
- Respiratory: all respiratory deaths (ICD-9 460-519), including pneumonia, influenza, bronchitis, emphysema, asthma, and all other respiratory diseases.
- Injury: all injury deaths (ICD-9 E950-E959, E800-E929, excluding E870-E879), including suicide, and accidents due to causes such as motor vehicle collisions, falls, drowning, burns, and poisoning, but not medical misadventures/complications.

Sources: Statistics Canada, Vital Statistics, Death Database[7]

Data Table:

Leading Causes of Mortality (Rate per 100,000 population, by year)

		Male		Female	
	Year	PEI	Canada	PEI	Canada
Heart and Stroke	1992	361.3	339.3	216.6	203.6
	1993	406.0	339.7	216.0	204.4
	1994	371.7	325.4	194.8	199.0
	1995	390.3	316.9	201.0	193.8
	1996	401.3	316.8	221.4	193.1
	1997	371.6	307.0	171.2	187.7
	1998	317.1	282.4	193.4	146.3
Cancer	1992	277.7	244.0	154.3	152.7
	1993	236.9	241.0	147.9	154.0
	1994	263.4	239.0	170.0	153.9
	1995	264.0	234.7	199.0	150.3
	1996	276.9	236.6	157.8	150.0
	1997	239.1	229.7	125.7	149.5
	1998	223.2	216.9	157.7	145.0
Respiratory	1992	79.4	65.5	60.5	40.1
	1993	103.4	67.8	65.6	40.2
	1994	83.0	66.0	50.2	42.0
	1995	87.6	64.0	44.4	40.5
	1996	110.4	65.4	55.2	40.6
	1997	91.8	65.7	42.0	44.8
	1998	89.0	73.5	57.9	38.8
Injury	1992	73.6	66.9	23.4	25.7
	1993	82.4	67.4	29.5	26.6
	1994	59.7	65.3	24.3	25.0
	1995	69.1	65.0	19.7	25.4
	1996	70.2	64.3	21.2	25.5
	1997	64.2	60.7	24.7	22.9
	1998	66.7	58.7	24.4	22.1

Notes: Graph 3.1.4 uses the average of the 3 years 1996 to 1998.

Premature death: age at death before 75

1 HEALTH STATUS

1.8 Low Birth Weight

Definition: Live births greater than 500 grams and less than 2 500 grams, expressed as a percentage of all live births with a known birth weight greater than 499 grams.
Low birth weights are adjusted for borderline viable births, since over time there has been increased registration of live births with birth weight less than 500 grams. The adjustment improves comparability of this indicator over an extended time period.

Sources: Statistics Canada, Vital Statistics, Birth Database

Data Table:

Low Birth Weight
Rate as % of live births, by year

Year	PEI	Canada
1980	5.8	5.8
1981	5.4	5.8
1982	6.6	5.8
1983	6.5	5.8
1984	6.2	5.8
1985	6.3	5.8
1986	6.3	5.8
1987	5.2	5.8
1988	5.3	5.8
1989	6.7	5.8
1990	6.7	5.8
1991	6.5	5.8
1992	5.2	5.8
1993	6	5.8
1994	6.1	5.7
1995	6.0	5.8
1996	5.1	5.7
1997	5.1	5.7
1998	6.0	5.7
1999	5.2	5.8

[redacted]

1.6 Obesity

Definition Self-reported height and weight were used to calculate **Body Mass Index** (BMI). BMI is calculated as follows: weight in kilograms divided by height in meters squared. BMI is a common method of determining if an individual's weight is in a healthy range based on their height. The index is calculated for those aged 20 to 64 excluding pregnant women and persons less than 5 feet (1.51m metres) tall or greater than 6 feet 11 inches (2.108 metres). International standards for interpreting the index are:

- underweight BMI < 18.5
- acceptable weight BMI = 18.5 to 24.9
- overweight BMI = 25 to 29.9
- obese BMI ≥ 30

Sources Statistics Canada [redacted]

Data Tables

Body Mass Index Categories
% of population age 20-64, by year

		PEI		Canada	
	Year	%	[redacted]	%	[redacted]
Underweight	1996	[redacted]		[redacted]	[redacted]
	2001	[redacted]		[redacted]	[redacted]
Acceptable	1996	[redacted]	[redacted]	[redacted]	[redacted]
	2001	[redacted]	[redacted]	[redacted]	[redacted]
Overweight	1996	[redacted]	[redacted]	[redacted]	[redacted]
	2001	[redacted]	[redacted]	[redacted]	[redacted]
Obese	1996	[redacted]	[redacted]	[redacted]	[redacted]
	2001	[redacted]	[redacted]	[redacted]	[redacted]

Obesity, PEI, 2001
% of population, by age and sex

	20-39 y		40-59 y		20-64 y	
	%	[redacted]	%	[redacted]	%	[redacted]
M	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
F	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Obesity, PEI, 2001
% of population age 20-64, by health region

NW		CP		E		W	
%	[redacted]	%	[redacted]	%	[redacted]	%	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

Definition: Population aged 15 and over who report that they have been diagnosed by a health professional as having a chronic condition:

- Arthritis: includes both rheumatoid arthritis and osteoarthritis; excludes fibromyalgia
- Diabetes: includes all types of diabetes
- Asthma: includes asthma; excludes bronchitis or emphysema
- Heart and Stroke: includes heart disease and stroke; excludes high blood pressure
- Cancer: includes all types of cancer

NDSS defines a prevalent case of diabetes as a person identified in the physician administrative data with at least 1 diagnosis of diabetes within 2 years, over the period March 1998 to March 2000.

Source: [redacted]

Data Tables:

Chronic Diseases

% of population age 15+, by year [redacted]

		[redacted]		[redacted]	
		%	[redacted]	%	[redacted]
Arthritis	1998	16.9	[redacted]	15.7	[redacted]
	2001	18.1	[redacted]	16.3	[redacted]
Asthma	1998	8.8	[redacted]	8.6	[redacted]
	2001	8.7	[redacted]	8.68	[redacted]
Heart and Stroke	1998	8.11	[redacted]	6.68	[redacted]
	2001	9.65	[redacted]	7.07	[redacted]
Diabetes	1998	3.9	[redacted]	3	[redacted]
	2001	6.09	[redacted]	6.15	[redacted]
Cancer	1998	7.11	[redacted]	7.07	[redacted]
	2001	7.95	[redacted]	7.75	[redacted]

Diabetes Prevalence, PEI, 2000

% of population, by age and sex [redacted]

	[redacted]	[redacted]	[redacted]	[redacted]
M	1%	2%	8%	16%
F	1%	2%	9%	12%

Diabetes Prevalence, PEI, 2000

Count and % of population age 20+, by health region [redacted]

[redacted]		[redacted]		[redacted]		[redacted]		[redacted]	
#	%	#	%	#	%	#	%	#	%
000	2.1%	1,274	3.9%	2,000	6.9%	737	8.7%	6,000	6.9%

1 HEALTH STATUS

1.8 Depression

Definition: Population aged 12 and over who show symptoms of depression, based on their responses to a set of questions that establishes the probability of suffering a "major depressive episode" as defined by DSM-III-R and ICD-10. Probabilities of 0.90 or greater were included as depression.

Sources: Statistics Canada: CCHS 2000/01[1], NPHS 1994/95[2]

Data Tables:

Depression
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	3.5	2.2-4.9	5.2	4.8-5.7
2001	7.13	6.34-8.46	8.73	8.51-8.96

Depression, PEI 2001
% of population, by age and sex

	12-19 yr		20-34 yr		35-49 yr		50-64 yr		65+ yr	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	3.42	1.51-7.04	7.4	4.82-11.2	7.28	4.73-11.1	3.53	2.14-5.78	1.81	.867-3.82
F	8.5	4.94-14.3	11.8	8.3-16.6	12.4	9.24-16.4	8.76	5.9-12.8	2.25	1.23-4.08

Depression, PEI 2001
% of population age 12+, by health region

%	CI	%	CI	%	CI	%	CI	
7.54	5.41-10.4	7.36	5.43-9.91	7.59	6.1-9.4	5.12	4.48-8.85	

1. HEALTH STATUS

1.9 Cancer Incidence

Definition: New cases of primary sites of cancer (malignant neoplasms) for all cancers (ICD-9 140-208), excluding non-melanoma skin cancer. Rate expressed per 100,000 population age-standardized to the 1991 Canadian population.

Sources: Statistics Canada, Vital Statistics, Canadian Cancer Registry[2], and Demography Division (population estimates); Health Canada (1999 - 2002 estimates)

Data Tables:

Cancer Incidence,
A.S. Rate per 100,000 population, by year

	Male		Female	
	PEI	Canada	PEI	Canada
1980	432.4	406.1	313.3	305.5
1981	434.6	442.1	322.9	328.1
1982	429.7	440.7	342.9	321.0
1983	398.7	448.4	322.2	332.8
1984	445.5	450.0	301.9	329.5
1985	403.9	449.8	319.2	335.5
1986	348.7	451.9	245.0	324.9
1987	456.5	456.3	294.0	330.7
1988	416.5	458.4	319.4	336.0
1989	483.0	451.5	334.5	330.0
1990	456.8	457.6	367.6	333.2
1991	415.1	469.0	352.6	337.1
1992	497.5	483.1	369.8	341.9
1993	537.6	497.1	318.2	341.8
1994	531.5	482.8	385.1	340.1
1995	508.5	458.6	343.1	338.4
1996	481.3	449.0	350.0	336.4
1997	501.8	451.8	349.8	340.0
1998	493.0	445.8	336.0	345.3
1999 f	493.3	444.9	336.2	344.0
2000 f	482.5	443.9	356.1	345.1
2001 f	486.3	443.0	356.1	346.2
2002 f	470.1	442.0	356.1	347.3

Notes: Graph 3.1.9 uses 3 year moving average rates for PEI, to smooth out annual fluctuations.

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.1 Smoking

Definition: Population aged 12 and over who reported being either a smoker (daily or occasional) or a non-smoker (former or never smoked). Individuals answer a series of questions on frequency and amount smoked. This is used to create the following smoking status categories: daily smoker, occasional smoker, former smoker, never smoked.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Daily Smoking
% of population age 12+, by year

		Male				Female			
	Source	PEI		Canada		PEI		Canada	
1966	LFS[1]	54		54		28		33	
1975	LFS[1]	44		44		30		32	
1986	LFS[1]	34		31		28		27	
1990	HPS[1,2]	35		30		25		27	
1995	NPHS[4]	36	(30.4-40.4)	26	(24.7-27.2)	19	(15.6-23.2)	23	(21.6-23.8)
1997	NPHS[4]	36	(30.4-40.4)	26	(24.8-26.9)	18	(14.1-22.5)	21	(20.4-22.2)
1999	NPHS[4]	33	(28.0-38.2)	24	(23.1-25.6)	22	(18.3-26.8)	21	(20.2-22.6)
2001	CCHS[3]	26	(23.2-28.7)	24	(23.0-24.0)	23	(20.3-25.9)	19	(19.0-19.9)

Daily Smoking , PEI 2001
% population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	9.4	5.82-14.8	40.3	33.8-47.2	29.1	23.9-34.8	27	21.5-33.3	11.9	8.33-16.8
F	11.8	7.81-17.3	27.8	22.5-33.7	31.6	26.8-36.8	17.4	13.5-22.2	10.6	7.59-14.7

Daily Smoking, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
22.9	19.2-27.0	25.1	21.6-28.9	24.4	21.6-27.3	21.2	18.3-24.5

Notes: Of those who smoke in 1994/95, by 2000/01 the percentage that had quit:
21% in PEI, and 24% in Canada
(Source: NPHS)

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.2 Drinking

Definition: **Heavy drinking:** Population aged 12 and over who are current drinkers and who reported drinking 5 or more drinks per occasion, at least 12 times in the past 12 months.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Frequency of Drinking 5+ drinks per occasion in past 12 months
% of current drinkers age 12+, by year

		PEI		Canada	
		%	CI	%	CI
1995	never	48.8	45.0-52.6	53.4	52.3-54.5
	< 12 times	32.1	28.2-36.1	30.8	29.8-31.8
	heavy drinking	17.5	14.3-20.7	13.9	13.2-14.7
2001	never	52.9	50.3-55.5	55.6	55.2-56.0
	<12 times	23.3	20.9-25.7	23.3	22.9-23.7
	heavy drinking	23.1	20.9-25.3	20.1	19.7-20.4

Heavy Drinking, PEI 2001
% of current drinkers, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	44.1	32.1-56.7	42.9	35.8-50.2	31.1	25.6-37.6	27.5	20.8-35.3	10.3	6.1-16.8
F	28.3	18.4-41	22.7	17.4-29.1	11.3	8.1-15.6	3.61	1.9-6.76	1.44	.4-5.03

Heavy Drinking, PEI 2001
% of current drinkers age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
24.9	20.1-30.5	24.4	20.3-29.1	22.6	19.4-26.1	22.2	18.1-26.9

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.3 Physical Activity

Definition: Population aged 12 and over reporting level of physical activity, based on their responses to questions about the type of activity, frequency and duration of their participation in leisure-time physical activity. Intensity of each activity was assigned a value for the metabolic energy demand. Categories of physical activity used are:

- Active: average 3.0 or more kcal/kg/day of energy expenditure. This amount of exercise is required for cardiovascular health benefit.
- Moderate: average 1.5 - 2.9 kcal/kg/day of energy expenditure. This amount of exercise may produce some health benefits, but little cardiovascular benefit.
- Inactive: average below 1.5 kcal/kg/day of energy expenditure

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Physical Activity Level
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
Inactive				
1995	62.3	58.7-66.0	54.6	53.6-55.6
2001	52.0	49.6-54.5	49.1	48.6-49.5
Moderate				
1995	18.2	15.3-21.0	20.8	20.1-21.6
2001	20.7	18.9-22.4	21.6	21.3-21.9
Active				
1995	13.1	10.4-15.8	18.6	17.6-19.4
2001	19.6	18.2-21.1	21.0	20.7-21.4

Physically Inactive, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	19.1	13.1-26.9	51.8	44.7-58.9	59.3	53.2-65.0	63.1	56.5-69.2	55.9	48.0-63.5
F	31	22.9-40.5	51.5	45.1-57.9	53.3	47.8-58.7	56.3	50.4-62.1	75.1	70.4-79.4

Physical Activity Level, PEI 2001
% of population age 12+, by health region

	WP		EP		Q		K	
	%	CI	%	CI	%	CI	%	CI
Inactive	49.2	44.5-53.9	54.7	50.5-58.9	55.6	52.2-59.1	46.7	42.7-50.9
Moderate	21.2	17.6-25.3	23.9	20.5-27.7	22.3	19.6-25.3	24.1	20.7-27.8
Active	29.6	25.3-34.3	21.3	18.0-25.2	22.0	19.3-25.1	29.1	25.2-33.4

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.4 Breast-feeding

Definition: Children born in the past year who were breast-feeding at time of discharge from hospital.

CCHS used self-report of ever breast-fed or tried to breast-feed recently-born child. Asked of mothers aged 15 to 49, that gave birth within the past five years.

Sources: PEI Reproductive Care Program[8]
Statistics Canada: CCHS 2000/01[3]

Data Tables:

Breast feeding
% of new mothers, PEI, by year

	Source of Data		
	Program	CCHS	
Year	PEI	PEI	Canada
1990	48.0		
1991	44.0		
1992	50.2		
1993	52.1		
1994	53.7		
1995	54.5		
1996	57.0		
1997	61.4		
1998	59.3	68.6	79.3
1999	61.7	(60.9-75.4)	(77.9-80.6)
2000	62.2		

Breast feeding
% of new mothers, PEI, by health regions, 1999

WP	EP	Q	K
44.9	61.6	66.4	60.0

Source: PEI Reproductive Care Program

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.5 Diet

Definition: Population aged 12 and over, by the average number of times per day that they consume fruits and vegetables. This may not correspond to the servings recommended by Canada's Food Guide.

Sources: Statistics Canada: CCHS 2000/01[3]

Data Tables:

Fruit and Vegetable Consumption
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	-	-	-	-
2001	64.7	62.6-66.7	62.5	62.1-62.9

Fruit and Vegetable Consumption, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	35.9	27.8-44.9	24.4	19.1-30.6	25.3	20.3-30.9	31.4	25.5-38.1	36.8	29.4-44.8
F	30.6	23.0-39.4	37	31.1-43.3	37.4	32.2-42.8	49.7	43.8-55.6	50.1	44.7-55.5

Fruit and Vegetable Consumption, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
32.4	28.2-36.8	33.4	29.7-37.3	36.2	33.0-39.6	37.4	33.4-41.4

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.6 Condom Use

Definition: Individuals reporting always use a condom in the past year. "How often did you use a condom in the past 12 months?" was asked of persons aged 15 to 59 years in a relationship lasting less than 12 months.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Always Use Condom in Past Year
% of population age 15-59 yr with recent partner, by year

	PEI		Canada	
	%	CI	%	CI
1997	36.8	19.3-58.6	55.6	52.2-59.0
2001	54.7	45.9-63.2	54.2	51.8-56.6

Always Use Condom in Past Year, PEI 2001
% of population with recent partner, by age and sex

	15-19 yr.		20-34 yr.		35-49 yr.	
	%	CI	%	CI	%	CI
M	63.8	37.1-84.0	65.5	48.2-79.4	29.0	14.2-50.2
F	72.2	47.3-88.3	67.5	46.7-83.1	31.2	15.8-52.4

Always Use Condom in Past Year, PEI 2001
% of population age 15-59 yr with recent partner, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
53.1	31.4-73.7	47.7	30.7-65.3	54.9	42.0-67.3	62.7	45.9-77.0

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.7 Education

Definition: Individuals aged 20 and older, reporting highest level of education obtained. Categories used are:

- Less than high school: no schooling, elementary, or some secondary school
- High school graduates: high school graduation certificate, or some college or university
- Post-secondary graduates: diploma, certificate, or degree

Sources: Statistics Canada: CCHS 2000/01[2], NPHS 1994/95[4]

Data Tables:

Education Level
% of population age 20+, by year

	PEI		Canada	
	%	CI	%	CI
Less than High School				
1995	32.5	29.0-36.3	25.7	24.7-26.6
2001	25.1	23.3-27.0	22.2	21.9-22.6
High School Grad				
1995	39.7	35.8-43.7	41.0	39.9-42.1
2001	25.8	23.9-27.9	28.1	27.7-28.5
Post-secondary Grad				
1995	27.8	24.4-31.5	33.4	32.3-34.4
2001	49.1	46.8-51.3	49.6	49.2-50.1

Less than High School Education, PEI 2001
% of population, by sex and age

	20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI
M	12.3	8.63-17.2	24.8	19.9-30.3	35.2	29.4-41.5	48.7	41.1-56.3
F	7.22	4.75-10.5	17.0	13.2-21.6	25.4	20.8-30.7	51.7	46.2-57.1

Less than High School Education, PEI 2001
% of population age 20+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
41.8	37.1-46.6	27.0	23.3-31.0	18.8	16.2-21.7	30.8	27.3-34.7

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.8 Unemployment

Definition: Labour force aged 15 and over who did not have a job. The labour force consists of people who are currently employed and people who are unemployed but were available to work and had looked for work. Not included are persons too discouraged to seek employment.

- Youth unemployment includes persons aged 15 to 24 years

Source: Statistics Canada, Labour Force Survey[3]

Data Table:

Unemployment
% of labour force age 15+, by year

	PEI	Canada
1980	10.5	7.5
1981	11.3	7.6
1982	12.6	11.0
1983	12.1	11.9
1984	12.3	11.3
1985	13.5	10.7
1986	13.2	9.6
1987	12.5	8.8
1988	12.4	7.8
1989	13.7	7.5
1990	14.6	8.1
1991	16.7	10.3
1992	18.1	11.2
1993	17.6	11.4
1994	17.2	10.4
1995	15.0	9.4
1996	14.7	9.6
1997	15.4	9.1
1998	13.8	8.3
1999	14.4	7.6
2000	12.0	6.8
2001	11.9	7.2

APPENDIX

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.9 Income

Definition: Total personal income (pre-tax, post-transfer) divided by the population

Source: Statistics Canada, Provincial Economic Accounts[47]

Data Tables:

Income
$ per Capita, by year

	PEI	Canada
1980	16860	21186
1981	17527	21599
1982	17810	21885
1983	18414	22081
1984	18236	22273
1985	18652	22908
1986	18900	23179
1987	19218	23877
1988	19877	24702
1989	20749	25683
2000	21731	26999
2001	22445	27756

Notes: Income per capita is lower than Average Personal Income (income per person aged 15 and over who reported income). However, income per capita is available on a more timely basis.

2 NON-MEDICAL DETERMINANTS OF HEALTH

2.10 Crime

Definition The number of Criminal Code offences expressed as a rate per 100,000 population, for violent crimes, property and other crimes, and total.

- Violent crimes are "person offences", which include homicide, attempted murder, sexual and non-sexual assault, abduction, and robbery.
- Property crimes include breaking and entering, motor vehicle theft, theft, possession of stolen goods, and fraud. The crime rate is based on the number of incidents reported to or by the police.

- Youth are age 12 to 17, adults are age 18+

Source Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey[1]

Data Table

Crime

Rate per 100,000 population, by year

	Violence		Property	
	PEI	Canada	PEI	Canada
1998	822	1000	3331	5264
1997	728	980	3184	4997
1996	727	979	2737	4933
1995	687	955	3122	4263
2000	719	982	2873	4373
2001	740.8	994.2	2945.5	4346.3

3 NON-MEDICAL DETERMINANTS OF HEALTH

3.11 Social Support

Definition Individuals rate frequency of support on a 5-point scale to a series of nineteen questions based on 4 dimensions of social support: tangible support; affectionate support; positive social interaction; and emotional or informational support. The total score on the Medical Outcomes Study Social Support Survey ranges from 19 to 95. A score of 76 or lower corresponds to the lowest quintile (20%) of the Canadian population[1].

Canada was represented by 99 health regions that include all provinces and territories except Ontario and Manitoba. This was the result of the optional content selection process.

Sources: Statistics Canada, CCHS 2000/01[1]

Data Tables

Low Level of Social Support
% of population age[2] 20+, by year

	PEI		Canada	
	%	[1]	%	[1]
1996	..	..	..	..
2001	19.3	12.1 to 28.2	20.1	19.7 to 20.5

Low Level of Social Support, PEI, 2001
% of population, by age and sex

	12 to 19 yrs		20 to 34 yrs		35 to 49 yrs		50 to 64 yrs		65+ yrs	
	%	[1]	%	[1]	%	[1]	%	[1]	%	[1]
M	19.7	E to 28.8	18.8	11.9 to 28.3	19	10.8 to 32.3	12.1	7.1 to 19.8	16.9	10.8 to 24.9
F	15.3	E to 28.0	8.5	E to 19.3	18.1	10.2 to 29.9	19.7	11.2 to 30.3	18.3	10.4 to 29.9

Low Level of Social Support, PEI, 2001
% of population age[2] 20+, by health region

WP		EP		C		E	
%	[1]	%	[1]	%	[1]	%	[1]
19.3	11.3 to 27.3	13.8	10.3 to 18.3	19.3	13.3 to 27.3	19	11.1 to 27.3

[1] Schopflocher, Don. "An Indicator of Social Support from the Canadian Community Health Survey." Alberta Health and Wellness Data Points, June 2002.

3 NON-MEDICAL DETERMINANTS OF HEALTH

3.15 Changes to Improve Health

Definition: Individuals aged 12 and older provide unprompted answer to "Is there anything you intend to do to improve your physical health in the next year?"

Source: Statistics Canada, CCHS 2000/01[1], HPS 1985[2]

Data Tables

Changes to Improve Health in Next Year
% of population age 15+

	PEI (2001)		Canada 1985
	%	95% CI	%
Nothing	33.0	31.1-35.0	66
More exercise	27.1	25.3-28.9	22
Lose weight	9.03	7.92-10.2	9
Improve diet	8.25	7.25-9.36	11
Reduce or quit smoking	8.17	7.23-9.08	12
Reduce stress	1.88	1.41-2.79	3
Take vitamins	5.65	5.08-6.37 %	
Other	1.46	1.07-1.95	

Any Changes to Improve Health in Next Year, PEI (2001)
% of population, by age and sex

	12+ (1)		20-34 (2)		35-49 (3)		50-64 (4)		65+ (5)	
	%	(1)	%	(2)	%	(3)	%	(4)	%	(5)
M	66.3		53.9		66.7		58.3		43.9	
F	68.9		55.9		65.9		58.9		45	

Any Changes to Improve Health in Next Year, PEI (2001)
% of population age 15+, by health region

1		2		3		4	
%	(1)	%	(2)	%	(3)	%	(4)
65.4		66.1		66.1		61.4	

2 NON-MEDICAL DETERMINANTS OF HEALTH

2.13 Exposure to Second-hand Smoke

Definition Non-smoking population aged 12 and over who reported exposure to second-hand smoke on most days in the month preceding the survey.

Sources Statistics Canada: CCHS 2000/01[1]

Data Tables

Exposure to Environmental Tobacco Smoke
% of non-smokers age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	-	-	-	-
2001	28.1	25.9-30.4	27.8	27.4-28.2

Exposure to Environmental Tobacco Smoke, PEI 2001
% of non-smokers, by age and sex

	12-19 yr		20-34 yr		35-49 yr		50-64 yr		65+ yr	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	44.1	35.0-53.6	41.9	32.6-51.7	37.3	30.4-44.7	28.9	22.7-35.1	12.6	8.05-19.3
F	36	28.9-43.2	27.5	21.0-35.1	20.7	15.9-26.6	20.5	15.6-26.4	12.1	8.75-16.6

Exposure to Environmental Tobacco Smoke, PEI 2001
% of non-smokers age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
35.5	30.4-41.0	29.1	24.6-33.7	24.9	21.4-28.7	31.5	27.2-36.0

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.14 Air Pollution

Definition: The annual number of days on which ground-level ozone exceeds the one-hour maximum acceptable National Ambient Air Quality Objective of 82ppb, using NAPS Class 1 stations that monitored ozone for at least 100 days of the May to September period during the year.

Sources: Environment Canada: National Environmental Indicator Series[13]

Data Table:

Ozone Levels
# of days above acceptable, by year

	Atlantic	Canada
1980	2	5.35
1981	0	6.31
1982	4	3.59
1983		6.85
1984	17	4.13
1985	0.5	3.16
1986	0	2.96
1987	3	4.17
1988	3.5	10.52
1989	3	4.12
1990	2	2.94
1991	5.3	5.13
1992	0.5	1.16
1993	0.3	1.19
1994	1	2.15
1995	0	2.97
1996	0	1.55

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.15 Food and Waterborne Diseases

Definition: Notifiable enteric diseases, expressed as a rate per 100,000 population. These include laboratory confirmed cases (in descending order of prevalence):

- *Campylobacter*
- *Salmonella*
- *Giardia*
- *E. coli*
- *Shigella*
- botulism

Excluded are *Staph. aureus*, and *Clostridium perfringens* since they are not reportable, and therefore incompletely captured.

Sources: Health Canada: Notifiable Diseases Summary, Can Comm Dis Rpt[14]

Data Table:

Notifiable Enteric Diseases
Rate per 100,000 population, by year

	PEI	Canada
1990	140	113
1991	85	120
1992	116	106
1993	105	106
1994	126	108
1995	65	99
1996	58	94
1997	73	94
1998	69	99
1999	71	82
2000	75	82
2001	61	72

3. HEALTH SYSTEM PERFORMANCE

3.1 Unmet Health Needs

Definition: Population aged 12 and over who reported requiring health care or advice, but had not received it. This is a measure of perceived access to care.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Unmet Health Need in past year
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1995	2.3	1.45-3.62	4.18	3.8-4.59
2001	11.8	10.4-13.3	12.5	12.3-12.8

Unmet Health Need in past year, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	8.78	5.07-14.8	11.4	7.77-16.4	11.1	7.59-16	7.79	5.01-11.9	5.01	2.45-9.99
F	6.2	3.28-11.4	18.9	14.4-24.4	18.5	14.3-23.6	12.6	8.82-17.7	8.51	5.55-12.8

Unmet Health Need in past year, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
7.84	5.66-10.8	10.8	8.43-13.7	14.5	12.3-17.1	7.39	5.48-9.88

Waiting times were asked as part of the Health Services Access Survey[15] in 2001 of patients age 15+ accessing a service in the past 12 months. Wait time was reported by patients as the difference between the date of the initial attempt to schedule an appointment and the date of the actual visit. Services included:

- Specialist visit for new illness or condition - medical specialist such as cardiologist, allergist, gynecologist, psychiatrist, excluded optometrist
- Non-emergency surgery - cardiac, cancer, joint replacement, cataract, hysterectomy, removal of gallbladder, exclude dental surgery
- Diagnostic tests in non-emergency situation - MRI, CT scan, angiography

Wait Time (weeks)

	PEI		Canada	
	Median	CI	Median	CI
Specialist Visit	3.0	1.9-4.1	4.3	3.8-4.7
Non-emergency Surgery	3.0	1.8-4.2	4.3	2.9-5.7
Diagnostic Tests	-		3.0	1.7-4.3

3.2 Patient Satisfaction

Definition: Percentage of the population aged 15 and over who accessed health care services, and rated themselves as either very satisfied or somewhat satisfied (on a 5 point scale) with the way the following services were provided:

- Any health care service in the past year
- Hospital services in the past year
- Physician services in the past year
- Community-based services in the past year (includes home nursing care, home-based counseling or therapy, personal care, and community walk-in clinics.

Sources: Statistics Canada: Health Services Access Survey 2001[15], CCHS 2000/01[3]

Data Tables:

Patient Satisfaction, 2001
% of population age 15+, by year

	PEI		Canada	
	%	CI	%	CI
- Any health care service	88.9	86.7-90.8	84.6	84.1-85.2
- Physician care	94.9	93.2-96.2	91.9	90.5-91.3
- Hospital care	85.4	81.4-88.7	79.5	78.6-80.4
- Community care	93.1	81.0-97.7	81.7	80.5-82.9

Patient Satisfaction with any health care service, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	-		88.4	81.3-93.1	84.4	76.0-90.2	91.4	84.6-95.4	87.4	77.6-93.2
F	-		83.9	74.7-90.1	88.5	82.4-92.7	90.2	83.6-94.3	95.7	92.4-97.6

Patient Satisfaction with any health care service, PEI 2001
% of population age 15+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
92.6	89.1-95.1	90	84.6-93.6	86.4	82.1-89.7	90	85.4-93.2

3.3 Influenza Vaccination

Definition: Population aged 12 and over who reported when they had their last influenza immunization (flu shot).

The National Population Health Survey asked this of the population aged 65 and over.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1996/97[4]

Data Tables:

Flu Shot in past year
% of population age 65+, by year

	PEI		Canada	
	%	CI	%	CI
1997	54.8	46.8-62.7	47.9	46.0-49.8
2001	62.4	57.8-66.8	63.0	61.6-64.3

Flu Shot in past year, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	13	8.2-19.8	3	1.6-5.6	10	7.0-13.9	21	16.2-26.6	53.3	45.6-60.9
F	7.6	3.7-14.8	9.6	6.6-13.5	14.6	11.3-18.6	26.5	22.0-31.6	65.7	60.4-70.6

Flu Shot in past year, PEI 2001
% of population age 65+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
54.2	43.3-64.6	60.5	51.5-68.8	66.9	59.2-73.8	57.5	48.7-65.8

3.4 Mammography

Definition: Women aged 50 to 69 who self-reported they had their last mammogram for routine screening or other reasons in the past 2 years.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1996/97[4]

Data Tables:

Mammogram within 2 years
% women age 50-69, by year

	PEI		Canada	
	%	CI	%	CI
1997	65.2	54.9-75.4	62	60.0-64.0
2001	73.5	68.8-77.7	72.8	71.8-73.9

Mammogram within 2 years, PEI 2001
% women age 50-69, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
60	48.5-70.6	71	60.1-79.7	80	72.3-85.3	67	57.5-74.7

3. HEALTH SYSTEM PERFORMANCE

3.5 Pap Screening

Definition: Women aged 20 to 69 with laboratory confirmation of Pap test in the past 3 years.

Surveys use self-report that they had their last Pap smear test in the past 3 years.

Sources: PEI Pap Screening Program[16]
Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4], NPHS 1996/97[4]

Data Tables:

Pap Smear within 3 years
% of women age 20-69, by year

Source	Program	Self-report Survey			
	PEI	PEI		Canada	
	%	%	CI	%	CI
1993 - 95	60	73.9	69.0-78.8	72.0	70.5-73.4
1996 - 98	62	81.4	76.9-85.9	76.2	74.8-77.6
1999 - 01	65	83.7	81.1-86.0	77.3	76.7-77.9

Pap Smear within 3 years, PEI 1999-2001
% of women, by age group

	20-34 yr.	35-49 yr.	50-69 yr.
	%	%	%
F	69	67	57

Source: PEI Pap Screening Program

Pap Smear with in 3 years, PEI 1999-2001
% of women age 20-69, by health region

WP	EP	Q	K
%	%	%	%
58	58	68	69

Source: PEI Pap Screening Program

3.6 Blood Pressure

Definition: Population aged 21 to 64 who reported they had their blood pressure measured in the past year during a medical visit.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4]

Data Tables:

Blood Pressure taken in past year
% of population age 21-64, by year

	PEI		Canada	
	%	CI	%	CI
1995	72.6	68.7-76.2	71.0	69.9-72.0
2001	77.8	75.8-79.7	76.6	76.2-77.0

Blood Pressure taken in past year, PEI 2001
% of population, by age and sex

	21-34 yr.		35-49 yr.		50-64 yr.		65-84 yr.	
	%	CI	%	CI	%	CI	%	CI
M	58.4	51.2-65.3	64.6	58.5-70.3	80.0	74.0-84.9	92.7	88.5-95.5
F	77.5	71.9-82.4	80.9	76.2-84.8	88.6	84.0-92.1	94.1	90.5-96.3

Blood Pressure taken in past year, PEI 2001
% of population age 21-64, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
76.1	71.7-80.1	75.6	71.4-79.4	78.2	74.9-81.2	80.8	77.0-84.0

3. HEALTH SYSTEM PERFORMANCE

3.7 Vaccine Preventable Diseases

Definition: Notifiable communicable diseases that can be prevented by vaccines, expressed as a rate per 100,000 population. These include laboratory confirmed cases of the following diseases (in descending order of frequency):

- pertussis (whooping cough)
- Hepatitis B
- measles
- mumps
- *Haemophilus influenzae B*
- rubella
- diphtheria
- tetanus
- polio (Canada was officially certified polio-free in 1994)

Excluded is chickenpox, which is incompletely captured at the laboratory for PEI.

Sources: Health Canada. Notifiable Diseases Summary. Can Comm Dis Rpt[1]

Data Table:

Vaccine Preventable Disease
Rate per 100,000 population, by year

	PEI	Canada
1990	29.1	48.1
1991	4.6	46.6
1992	45.8	42.5
1993	47.6	41.3
1994	13.5	49.7
1995	10.4	54.4
1996	25.7	29.6
1997	34.3	34.7
1998	16.1	33.1
1999	15.2	24.8
2000	8.0	20.2
2001	7.2	13.8

3 HEALTH SYSTEM PERFORMANCE

3.8 Sexually Transmitted Diseases

Definition: Notifiable sexually transmitted diseases, expressed as a rate per 100,000 population. These include laboratory confirmed cases of the following diseases (in descending order of frequency):

- chlamydia
- gonorrhea
- syphilis
- AIDS

Excluded is HIV, which is not completely captured.

Sources: Health Canada, Notifiable Diseases Summary, Can Comm Dis Rpt[1]

Data Table:

Sexually Transmitted Diseases
Rate per 100,000 population, by year

	PEI	Canada
19990	77	93.2
19991	79.3	208.4
19992	100.9	197.3
19993	105.0	193.2
19994	83.1	187.3
19995	84.6	191.3
19996	89.7	193.2
19997	105.8	197.2
19998	109.6	197.3
19999	111.8	187.3
20000	174.5	179.8
20001	116.1	184.3

A [illegible] OVERVIEW PERFORMANCE

9.0 Preventable Hospitalisations

Definition **Ambulatory care sensitive conditions** are age-standardised resident acute care hospitalisation rate per 100,000 population for conditions where appropriate ambulatory care (out-patient treatment) prevents or reduces the need for admission to hospital. Conditions include the following diagnoses most responsible for hospital stay:

- Diabetes mellitus (E10-14 (250))
- Alcoholic psychosis (291)
- Drug psychosis (292)
- Neurotic disorders (300)
- Alcohol dependence syndrome (303)
- Drug dependency (304)
- Non-dependent abuse of drugs (305)
- Depressive disorder not elsewhere classified (311)
- Essential hypertension (401)
- Hypertensive heart disease (402)
- Hypertensive renal disease (403)
- Hypertensive heart and renal disease (404)
- Secondary hypertension (405)
- Asthma (493)

While not all admissions for ambulatory care sensitive conditions are avoidable, it is assumed that appropriate prior ambulatory care could prevent the onset of the type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. The 'right' level of utilisation is not known although a disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

Source Australian Institute for Health Information, Hospital Morbidity Database[1]

Data Tables

Ambulatory Care Sensitive Conditions

9.0: Rate per 100,000 population

	PEI		Cairnlea	
	Male	Female	Male	Female
1999/00	1,991	1,956	911	956
1998/97	1,922	1,927	872	923
1997/98	1,856	1,949	851	951
1996/99	1,859	1,951	922	997
1995/96	1,938	1,922	918	990

Hospital discharges[1] for any condition

9.0: Rate per 100,000 population

	PEI	Cairnlea
1999/00	1,990	1,070
1998/99	1,977	987
2000/01	1,999	1,139

[1] excludes newborns and patients in other types of care (eg. emergency wards, chronic care, rehab)

B [illegible]

B.1 Health Expenditures

Definition: Public spending on health by provincial government, regional authorities, Workers' Compensation Board, medical aid, and federal government. Expressed as current dollars (not adjusted for inflation) per capita. Categories:

- Hospitals, acute care
- Physicians
- Long-term care institutions, nursing homes, residential care facilities
- Drugs prescription drugs for seniors, social assistance, and other programs
- Other capital spending, infrastructure, child dental program, prevention and promotion, research, home care

Excluded are private sector expenditures by insurance, out of pocket household expenses, or private facilities. In 1[illegible] this is estimated as [illegible]% of total health expenditures. Private expenses include:

- prescription drugs, over the counter drugs, and personal health supplies ([illegible]% of all private dollars spent on 1[illegible])
- dentists, optometrists, opticians, chiropractors, and other professionals ([illegible]% of all private dollars spent on 1[illegible])
- private nursing homes and care facilities ([illegible]% of all private dollars spent on 1[illegible])
- other expenses such as insurance fees, hearing aids, hospital fees for parking and preferred accommodations ([illegible]% of all private dollars spent on 1[illegible])

Source: Canadian Institute for Health Information
National Health Expenditure Database[1]

Data Tables:

[illegible] Public Health Expenditures by use of funds, [illegible] ($)

Hospital	Other Institutions	Physicians	Drugs	Other Professionals	Capital	Public Health & Other	Other
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[redacted]

6.1 Health Expenditure Data Tables continued

Public Health Expenditure
$ per capita

	[redacted]		[redacted]	
	$ per capita	% GDP	$ per capita	% GDP
1995	[redacted]	[redacted]	[redacted]	[redacted]
1996	[redacted]	[redacted]	[redacted]	[redacted]
1997	[redacted]	[redacted]	[redacted]	[redacted]
1998	[redacted]	[redacted]	[redacted]	[redacted]
1999	[redacted]	[redacted]	[redacted]	[redacted]
2000	[redacted]	[redacted]	[redacted]	[redacted]
2001	[redacted]	[redacted]	[redacted]	[redacted]
2002	[redacted]	[redacted]	[redacted]	[redacted]
2003	[redacted]	[redacted]	[redacted]	[redacted]
2004	[redacted]	[redacted]	[redacted]	[redacted]
2005	[redacted]	[redacted]	[redacted]	[redacted]
2006	[redacted]	[redacted]	[redacted]	[redacted]
2007	[redacted]	[redacted]	[redacted]	[redacted]
2008	[redacted]	[redacted]	[redacted]	[redacted]
2009	[redacted]	[redacted]	[redacted]	[redacted]
2010 (r)	[redacted]	[redacted]	[redacted]	[redacted]
2011 (r)	[redacted]	[redacted]	[redacted]	[redacted]

Public Health Expenditure, PD (WA)
$ per capita, by age and sex

		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Total									
	M	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	F	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Hospital									
	M	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	F	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Physician									
	M	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	F	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Institutions									
	M	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
	F	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.2 Hospitalization Rates by Cause

Definition: Hospitalizations include discharges and deaths for inpatients in acute care hospitals, excluding same day surgery (outpatient) cases and patients admitted to psychiatric or rehabilitation facilities. Primary diagnosis captured:

- Heart and Stroke (390-459) including heart attack, stroke, and other circulatory diseases
- Respiratory (460-519) includes flu, pneumonia, asthma, chronic obstructive pulmonary dis
- Digestive (520-579) includes appendicitis, gallstones, inguinal hernia
- Pregnancy (630-676) including delivery and complications
- Ill-defined (780-799)
- Mental disorders (290-319) including alcohol, drug dependency, schizophrenia, psychoses
- Genito-urinary (580-629) including kidney stones, hysterectomies
- Injury (800-999) including fractures, wounds, burns, poisons
- Cancer (ICD-9 140-239) all malignant cancers including lung, colorectal, breast, prostate

Rates per 100,000 population are not age-standardized; some other hospitalization rates provided by CIHI are age-standardized. Data are reported based on the region of the patient's residence, not region of hospitalization. Rates are based on a fiscal year (April to March) and use October 1st population estimates.

Source: CIHI: Hospital Morbidity Database[47]

Data Table:

Hospital Separations, PEI 2000/01

Rate per 100,000 population, by cause, year, and sex

		Total		Male		Female	
Cause	Year	PEI	Canada	PEI	Canada	PEI	Canada
Heart Disease & Stroke	1996	1662	1527	1835	1742	1522	1316
	2001	1641	1450	1800	1655	1495	1249
Respiratory	1996	1805	964	1821	1026	1789	903
	2001	1499	832	1577	884	1402	780
Digestive	1996	1558	1111	1346	1074	1763	1147
	2001	1589	1043	1458	1016	1715	1070
Pregnancy	1996	1383	1437	0	0	2724	2846
	2001	1208	1269	0	0	2374	2555
Ill-defined	1996	1138	585	1083	562	1192	607
	2001	1005	562	968	532	1139	591
Mental Disorders	1996	840	561	706	513	969	606
	2001	1010	535	894	496	1122	574
Genitourinary	1996	696	630	706	438	1064	819
	2001	658	571	641	397	1069	743
Injury	1996	787	831	754	885	819	777
	2001	807	789	769	835	843	744
Cancer	1996	790	717	709	643	868	790
	2001	706	699	677	620	736	777

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.3 Physician Visits

Definition: Population aged 12 and over who have consulted with a medical doctor/pediatrician in the past 12 months.

Medical doctor includes family or general practitioners as well as specialists such as surgeons, allergists, orthopaedists, gynaecologists, or psychiatrists.

Sources: Statistics Canada, CCHS 2000/01[1]

Data Tables:

Physician Visits
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1996	81.9	78.6-84.7	77.1	76.1-77.9
2001	80.0	76.2-81.7	78.5	78.1-78.8

Physician Visits, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	73.5	64.7-80.8	66.5	59.6-72.7	68.1	62.1-73.7	77.9	71.8-83.0	87.0	79.8-91.9
F	79.2	69.7-84.8	86.8	82.1-90.4	83.9	79.5-87.5	90.6	87.1-93.2	93.5	90.7-95.4

Physician Visits, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
78.6	74.3-82.3	77.6	73.9-81.0	80.3	77.3-83.0	83.6	80.2-86.5

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.4 Alternative Care

Definition: Population aged 12 and over who have consulted with alternative health care providers in the past 12 months.

Alternative health care providers include: massage therapists, acupuncturists,homeopaths or naturopaths, Feldenkrais or Alexander teachers, relaxation therapists, biofeedback teachers, rolfers, herbalists, reflexologists, spiritual healers, religious healers, etc.

Sources: Statistics Canada, CCHS 2000/01[3]

Data Tables:

Alternative Care Visit in past year
% of population age 12+, by year

	PEI		Canada	
	%	CI	%	CI
1996	1.65	0.985-2.76	4.98	4.57-5.44
2001	5.97	5.05-7.05	11	10.8-11.3

Alternative Care Visit in past year, PEI 2001
% of population, by age and sex

	12-19 yr.		20-34 yr.		35-49 yr.		50-64 yr.		65+ yr.	
	%	CI	%	CI	%	CI	%	CI	%	CI
M	0.82	227-2.92	4.64	2.57-8.22	4.8	2.72-8.32	2.38	1.15-4.84	4.51	2.19-9.05
F	4.33	1.88-9.65	11.4	7.88-16.2	7.99	5.66-11.2	10.7	7.45-15.2	3.94	1.89-9.02

Alternative Care Visit in past year, PEI 2001
% of population age 12+, by health region

WP		EP		Q		K	
%	CI	%	CI	%	CI	%	CI
4.44	3.0-6.52	5.78	4.12-8.04	7.25	5.74-9.12	3.35	2.17-5.12

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.5 Home Care

Definition: Population age 12+ that reported receiving home care services with the cost entirely or partially covered by government. Eg. Nursing care, help with bathing, help around the home, physiotherapy, counseling, meal delivery.
All health regions in the maritime provinces of Nova Scotia, New Brunswick, and PEI selected this optional content module.

Program data captures all admission for home care services offered in PEI, including nursing, homemakers, occupational therapy, liaison with community services (eg. Meals on Wheels, support groups), adult protection, physiotherapy, nutrition, and social work.
Patients use home care services for: long term chronic illness (continuing care), acute care substitution, disabilities, palliative care, and dialysis.

Sources: Statistics Canada: CCHS 2000/01[3], NPHS 1994/95[4],
PEI Home Care Program[19]

Data Tables:

Home Care Use in past year
% of population age 65+, by year

	Source of Data						
	Program	Survey					
	PEI	PEI		Maritimes		Canada	
Year	%	%	CI	%	CI	%	CI
1995	-	11.8	7.7-17.8	10.4	7.7-13.7	10.1	8.9-11.5
2001	8.4	7.8	5.8-10.4	10.7	9.2-12.3	NA	

Home Care Admissions in past year, PEI 2001/02
% of population, by age

<65 yr.	65-74 yr.	75-79 yr.	80+ yr.
0.4%	3.2%	7.7%	18.9%

Source: DHSS, PEI Home Care Program

Home Care Admissions in past year, PEI 2001/02
% of population age 75+, by health region

WP	EP	Q	K	PEI
17.9%	16.7%	5.9%	31.3%	13.9%

Source: DHSS, PEI Home Care Program

Notes: The need for care is usually defined by a combination of ADL/IADL.
- ADL: activities of daily living that include eating, bathing, dressing, or moving about within the residence.
- IADL: instrumental activities of daily living that include grocery shopping, meal preparation, light or heavy housework, or going out for short trips.

90-91

M121

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4.6 Population and Projections

Definition: The number of people living in a geographic area by age and sex. Population data provide the "denominators" used to calculate rates for most health indicators.

- PEI Medicare Registry counts the number of persons eligible for health services in Prince Edward Island. Excluded are recent residents of less than 3 months.
- Statistics Canada estimates population using data derived from the Census, and administrative sources on births, deaths, and migration.
- Population projections use the medium growth assumption and are based on the 2001 population estimates derived from the 1996 census. Projections are based on the regional cohort component method that uses age and sex specific survival rates and fertility rates, and allows for immigration, emigration, non-permanent residents and interprovincial migration.

Sources: Statistics Canada, Demography Division[20]
PEI Medicare Registry

Data Tables:

PEI Population as of July 1, 2001
Counts by health region

	K	Q	EP	WP	PEI
Males					
<20	3,071	9,204	4,529	2,149	18,959
20-34	2,155	6,914	3,205	1,580	13,854
35-49	2,414	7,851	3,887	1,695	15,848
50-64	1,852	5,738	2,732	1,234	11,557
65+	1,369	3,598	1,956	884	7,807
Female					
<20	2,921	8,790	4,345	2,149	18,209
20-34	1,925	7,076	3,157	1,433	13,592
35-49	2,323	8,438	3,951	1,616	16,330
50-64	1,757	6,019	2,725	1,215	11,720
65+	1,645	5,269	2,689	1,089	10,692
Total	21,432	68,897	33,176	15,044	138,568
Census*	**21,792**	**68,540**	**33,495**	**14,687**	**138,514**
% 65+	14.1%	12.9%	14.0%	13.1%	13.4%

Source: PEI Medicare Registry
* 2001 Census, adjusted for 2.4% undercoverage (Sept 2002 estimates)

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.6 Population and Projections. Data Tables continued:

PEI Population Projections
Counts by year, age and sex

	2001	2006	2011	2016	2021	2026
PEI Male						
<20	18,812	16,973	15,506	14,328	13,806	13,124
20-34	13,753	13,892	13,829	13,183	11,732	10,545
35-49	16,052	15,506	14,330	13,300	13,275	13,168
50-64	11,476	13,561	15,475	16,268	15,849	14,741
65+	7,824	8,324	9,268	11,253	13,149	15,013
PEI Females						
<20	18,282	17,046	15,686	14,818	14,458	13,752
20-34	13,794	14,049	14,358	13,935	12,537	11,203
35-49	16,415	15,879	14,497	13,030	12,840	12,839
50-64	11,522	13,743	16,148	17,026	16,411	14,970
65+	10,584	11,135	11,954	14,075	16,330	18,845
Total	138,514	140,106	141,050	141,216	140,387	138,201
PEI (% 65+)	**13.3%**	**13.9%**	**15.0%**	**17.9%**	**21.0%**	**24.5%**
Canada (65+)	**12.7%**	**13.3%**	**14.5%**	**16.6%**	**18.9%**	**21.4%**

Source: Stats Can. Provided by:
Provincial Treasury, Economics, Statistics and Federal Fiscal Relations Division, October 2002

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.6 Population and Projections

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Census*	21,792	68,540	33,495	14,687	138,514
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Source: PEI Medicare Registry
* 2001 Census, adjusted for 2.4% undercoverage (Sept 2002 estimates)

4. COMMUNITY AND HEALTH SYSTEM CHARACTERISTICS

4.6 Population and Projections. Data Tables continued

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Counts by year, age and sex

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65+	10,584	11,126	11,954	14,075	16,330	19,645
Total	138,514	140,106	141,050	141,216	140,387	138,201
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Canada (65+)	12.7%	13.3%	14.5%	16.6%	18.9%	21.4%

Source: Stats Can Provided by
Provincial Treasury Economics, Statistics and Federal Fiscal Relations Division October 2002